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ABSTRACT

The document is based on a survey conducted to ascertain the action in the states in the fields of mental retardation, mental health and related areas for 1968-1969. Information, presented in tabular form, concerns special education programs in the public schools for mentally handicapped and emotionally disturbed children. A state by state account reflects the developments with regard to day care programs for mentally handicapped. Community health services for the mentally ill and mentally handicapped, inpatient facilities, research, administration, and other legislation are dealt with in the report. Finance and funding of programs and facilities are also tabulated. (CD)

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ACTION IN THE STATES IN THE FIELDS OF MENTAL HEALTH, MENTAL RETARDATION AND RELATED AREAS

1968-1969

THE COUNCIL OF STATE GOVERNMENTS

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ACTION IN THE STATES IN THE FIELDS OF MENTAL HEALTH, MENTAL RETARDATION AND RELATED AREAS 1968–1969

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The Council of State Governments
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FOREWORD

This report is based on a survey conducted in the Fall of 1969, as a sequel to earlier publications bearing the same title. The survey was conducted and compiled by Mrs. Ruth L. Turk, Secretary of the Interstate Clearing House on Mental Health of the Council of State Governments.

We are much indebted to heads and staffs of state programs for the mentally ill and mentally retarded and of agencies responsible for public school special education programs for the information they supplied in answer to the survey questionnaire. The questionnaire largely elicited narrative responses. For the sake of brevity, to the extent possible these responses are being presented in tabular form. Other highlights of developments are contained in the textual summary which precedes the tables.

We hope the contents of this report will be useful to public officials and others concerned with programs and problems in the fields covered.

Brevard Crihfield
Executive Director
The Council of
State Governments

December, 1970

INTRODUCTION

This report contains fewer tables than did the February, 1969, issue. Not all the questions reflected in that publication were repeated in the most recent survey, since it was anticipated that the picture would not have changed significantly over a relatively brief period of time. However, an attempt has been made this time to present in tabular form information on special education programs in the public schools for mentally retarded and emotionally disturbed children. Also, a state by state account has been included reflecting developments with regard to day care programs for mentally retarded, which are growing rapidly.

As always, we would like to include a word of caution as to the use of the tabular data for comparative purposes, especially on an interstate basis. Programs, terminology and record-keeping vary significantly in the several States, and the data, therefore, can make comparisons quite invalid or misleading.

We appreciate immensely the cooperation of the many state officials who have provided us with the valuable information which has made possible the preparation of this report. We hope that any errors which may be detected in it will be brought to our attention.

(Mrs.) Ruth L. Turk, Secretary
Interstate Clearing House
on Mental Health

TABLE OF CONTENTS

	Page
Action in the States in the Fields of Mental Health, Mental Retardation and Related Areas - 1968-1969	1
Community Mental Health Services -	
1. The Mentally Ill	1
2. The Mentally Retarded	3
Inpatient Facilities -	
1. The Mentally Ill	5
2. The Mentally Retarded	8
Research and Training	9
Organization and Administration	11
Other Legislation	11
Tables -	
1. Financing Community Mental Health Services	13
2. Financing Operation of Public Mental Hospitals	16
Breakdown of Operating Funds and Additional Funds for Special Programs	17
3. Financing Operation of Public Institutions for Mentally Retarded	20
Breakdown of Operating Funds and Additional Funds for Special Programs	21
4. Average Daily Resident Population and Per Patient Expenditure Per Diem - Public Institutions for Mentally Ill and Retarded	23
5. Daily Fees Charged and Annual Collections at Public Institutions for Mentally Ill and Retarded	26
Additional Comments Regarding Collections	29
6. Capital Outlay for Public Institutions for Mentally Ill and Retarded	33
7. Day Care Centers for Mentally Retarded	39
8. Special Education Under Auspices of State Departments of Education	44
Other Comments	48

ACTION IN THE STATES IN THE FIELDS OF MENTAL HEALTH,
MENTAL RETARDATION AND RELATED AREAS

1968-1969

Recent reports from the States reflect much dedication to the care of the mentally ill and mentally retarded and many positive and often innovative actions toward program improvement. There also are indications of growing intra- and interdepartmental cooperation and coordination of programs and services by public and private agencies at all levels.

COMMUNITY MENTAL HEALTH SERVICES

1. The Mentally Ill

Emphasis on community mental health services has continued. In practically all of twenty-nine States recently reporting expenditures or appropriations for such services in 1968-69 and 1969-70, state funding showed significant increases -- exceeding 20 percent in sixteen and 50 percent in six States, the highest being 206 percent in Pennsylvania and 283 percent in Maryland. Of twelve States providing information on local financing, eleven also reported increases.

New Services

Delaware is in the process of establishing a network of twelve neighborhood mental health centers, by coordinated effort and planning of several state agencies; one such center already is operative in a deprived area of Wilmington. In Georgia, sixteen counties newly provide outpatient, consultative and educational mental health services. Twelve new clinics were established in 1969 in Illinois, four each in Iowa and Wisconsin, and thirteen in North Carolina within two years. All counties in Minnesota have formed community boards providing mental health and mental retardation services -- directly or by contract. Missouri has reached the point where some mental health services are available in each of its thirty-six catchment areas. North Dakota's mental health and mental retardation centers now provide services for areas comprising almost 80 percent of the State's population, and twenty-six community mental health programs receiving state aid in Oregon serve 99 percent of the population. Between 1967-68 and 1969-70 the number of centers in Texas receiving state grants-in-aid and operated by local boards rose from seven to twenty-eight. In addition, the State operates two mental health clinics and one mental health-mental retardation center. Wisconsin's program now covers sixty-seven of the State's seventy-two counties. The number of branch offices of Wisconsin's thirty-four clinics has increased from eight to twenty-nine.

Local boards of supervisors in Mississippi have been authorized to levy up to a two mill tax for mental health and retardation programs. Counties in Missouri may levy a tax of up to thirty cents per $100 valuation for building and operating mental health centers.

Community Mental Health Services Acts

One State -- Oklahoma -- enacted a community mental health services act in 1969, providing for state matching funds up to 50 percent. A number of States have amended their acts. The state reimbursement rate per capita of population

was increased by fifteen cents in Colorado; twenty-five cents in New Jersey and South Carolina; and fifty cents in Rhode Island. The minimum in Ohio was raised to $1.00. New Hampshire eliminated the per capita restriction, made additional types of services eligible for reimbursement, and authorized waiver of local matching funds under certain conditions. Maryland dropped the matching requirement. Minnesota made eligible for state reimbursement alcoholism programs and group homes for the mentally ill, mentally retarded and juvenile delinquents. New York waived the "maintenance of effort" requirement with regard to state aid in excess of $1.40 per capita of population but reduced state reimbursement by 5 percent. Texas has limited the types of local agencies eligible for reimbursement and provided for flexible matching requirements, among other new provisions. California has assumed 90 percent of cost of all mental health services, providing for a single system of care, including services in state facilities, under general supervision of local mental health program directors. Each county with a population of 100,000 or more now is obligated to provide a comprehensive range of services for mentally ill, mentally retarded, alcoholics and drug addicts. The latter two categories also have been made eligible for reimbursement in Illinois and several other States.

Comprehensive Community Mental Health Centers

Under the federal legislation promoting the construction and staffing of comprehensive community mental health centers, several hundred centers are in operation across the Nation. Many more are being built, have been approved or are in the planning stage.

State mental health programs are involved in the implementation of center programs beyond the approval of projects -- through grants-in-aid to agencies which constitute parts of centers and through direct support or, more rarely, direct operation. There also is involvement through state hospitals, many of which provide certain components of services as, for example, in Colorado, Kansas and North Dakota. In Maryland, each of the state hospitals is associated with a comprehensive center in its region. Michigan's Pontiac State Hospital is the recipient of a federal comprehensive center grant. Between 1967 and 1969, fifty-nine new autonomous clinical units have been developed within New York's state hospital system, each to be related to a center catchment area.

At least a dozen States recently have participated in financing construction of comprehensive centers. A new comprehensive center serving adjoining regions in two States -- Kansas and Oklahoma -- has been put in operation. Another center operating across state lines is shared by Arkansas and Texas.

Program Developments

Some progress can be reported in services for emotionally disturbed children. One clinic in Colorado treats only such children; a comprehensive center there provides day care for children too sick to attend public school classes. Connecticut's budget for support of child guidance clinics has been increased by 50 percent over the last two biennia. Hawaii has established a Learning Disability Clinic for diagnosis and short-term treatment. Illinois now has four centers for emotionally disturbed children. A ward for such children is under construction at one of Missouri's state-operated mental health centers, all of which provide inpatient and outpatient services for them. Special children's programs have

been developed at Puerto Rico's mental health center, and youth services for predelinquent youngsters of Salt Lake City and County in Utah. An adolescent treatment center is being built at Wisconsin's comprehensive Milwaukee County Mental Health Center. Many mental health agencies provide consultation to schools, and some render services to children referred by schools. In some instances, agencies are compensated for such services from public education funds. In St. Louis an educational television program aims at helping school teachers handle emotionally disturbed children.

Recognizing alcoholism and drug addiction as illnesses rather than crimes, many States have stepped up services for alcoholics and narcotic drug addicts. Alcoholism programs are being developed in all of Maryland's political subdivisions and a program for treatment of drug addicts has been established in Baltimore City. A drug abuse clinic at Lafayette Clinic and funds for a study of drug abuse have been authorized by the Michigan Legislature. Alcoholism services are planned for all of Missouri's mental health centers, as are rural referral units. A Narcotics Rehabilitation Center is in operation in St. Louis. A Division of Narcotics and Drug Abuse Control was created in New Jersey's Department of Health, authorizing establishment of experimental pilot clinic programs. North Dakota has authorized its counties and cities to establish informational, counseling and referral services for alcoholics and their families. Oregon's Legislature has called for establishment of a treatment program for narcotic addicts. Several of Pennsylvania's comprehensive centers provide alcoholism services, and the State supports two projects for drug addicts. In addition to five outpatient services, Wisconsin has thirteen information and referral centers for alcoholics.

State hospitals increasingly render aftercare and community services in at least fourteen States, including Missouri, Nebraska and Nevada, which use traveling clinics for this purpose.

2. The Mentally Retarded

Services at the community level have been intensified. The Arkansas Legislature recently authorized establishment and maintenance of community centers for mentally retarded with state grants-in-aid. In 1969, three regional centers were in operation in California, assisting families through information or direct services as well as purchase of services at state expense; services include residential and day care, workshops, camps, respite and professional care. The Legislature approved establishment of six additional centers and required setting up area boards for area-wide planning and to ensure provision of services, including those of all available public and private agencies. Eleven regional centers in operation to varying extent in Connecticut provide a variety of essential services. Facilities for residential care are under construction at several of these centers. Maryland, New Jersey and New York have greatly increased their institutional budgets for community services. For the 1969-71 biennium, Maryland also has allocated over $7 million for center construction.

Nine outpatient departments of state schools and regional centers in Michigan provide a variety of services to mentally retarded. Two child development clinics are in operation in Mississippi, and two regional evaluation and training centers are being established there. The number of regional diagnostic clinics in Missouri increased from three in 1967 to eight in 1969. Counties there have

been authorized to establish sheltered workshops and residential facilities for post-school handicapped persons, with state aid. A child development center has been established in Missoula, Montana, with referral units in each of the State's sixteen counties and an information and referral center in Great Falls. Nebraska now may match up to 60 percent of the cost of operation of community-based services, programs and facilities for mentally retarded. Two cottage-type group care facilities will be completed in Nevada in 1971. Many States have received considerable amounts of federal funds for construction and/or staffing of mental retardation centers.

To reduce the number of mentally retarded being hospitalized, screening clinics have been set up in four locations in New York State, and about fifty families in New York City receive home care. Twenty-eight projects for community facilities and services were in various stages of development in the State in 1969. Also, hostels, operated under contract by community agencies, receive state matching funds of up to 50 percent, up to $3,600 per resident a year. A center for diagnosis and evaluation of mentally retarded was to open early in 1970 at North Dakota's Neuropsychiatric Institute in Fargo, and staff of the Evaluation Center for Exceptional Children at the Medical Rehabilitation Unit of the University of North Dakota has been expanded to provide comprehensive, multi-disciplinary evaluation.

Day care programs are expanding, as are state funds for their support. Washington recently authorized support for placement of mentally retarded in group homes -- a type of facility now also being used by Connecticut, Delaware and Nevada -- and encouraged expansion of sheltered employment and supervised work programs by providing state support not to exceed $1,500 per person per year. Similar legislation was enacted in New York. Two Centers for Human Development were established in Texas, following legislative authorization in 1967, to serve as demonstration projects for the provision of complete day care services.

New legislation in Indiana, New Hampshire and New York makes available funds for placement for education of mentally retarded in other than state facilities, within or outside the State. Georgia has tripled its appropriation for such a program within two years, and Illinois doubled it. Considerable increases also were authorized in New Jersey and Pennsylvania.

A Coordinated Information Center on Retardation has been established in Wisconsin cooperatively by a number of state and private agencies to increase understanding and knowledge of mental retardation and provide a central source of information on available services.

Special Education

Opportunities for special education continue to grow. Expenditures for these programs have been increased by many States. A jump of more than 200 percent in West Virginia's expenditure is due to a new law making special education mandatory for various types of handicapped children aged 6 to 21.

Several States have enacted similar legislation, effective between 1969 and the next four or five years, including Florida, Georgia, Indiana, Iowa, Kansas, Nevada and Texas. Legislation in Nebraska and Oregon was focused on the trainable retarded, to be implemented in Oregon by the Mental Health Division. In Texas, special education for emotionally disturbed children will become statewide under a new comprehensive special education act. Connecticut has made mandatory services to pre-school children whose educational potential will be irreparably

damaged without special education at an early age. That State also is experimenting in six school districts by assigning some children requiring special education to regular classes and providing supportive services as needed.

INPATIENT FACILITIES

1. The Mentally Ill

Average daily resident patient populations of state hospitals generally have continued to decrease. In twelve of twenty-six States reporting such data for 1967-68 and 1968-69, the reduction was less than 10 percent; in eight, between 10 and 15 percent; in Missouri, 16 percent; and in Nebraska, 25 percent. Appropriations for 1969-70 mostly are higher than expenditures in 1968-69. Among thirty-three States providing information for those two years, a small decrease was recorded by three; an increase of less than 10 percent by eleven; 10 to 20 percent by twelve; 20 to 30 percent by seven, the highest being Connecticut, with 30 percent. Salary budgets, with hardly an exception, also went up, but sometimes at rates which differ markedly from those of total operations.

Significant increases in amounts of reimbursement for inpatient services in many instances are due to the impact of payments received under Medicare and, especially, Medicaid. These monies most often go into a State's general fund. In Pennsylvania, however, except for Medicare, collections are made part of the general appropriation for all facilities. This has been of great benefit: Between 1966 and 1969, approximately 3,000 new positions have been established at state institutions for mentally ill and retarded; salaries were raised substantially in 1967; facilities have undergone physical improvement; new equipment has been purchased; and tangible needs of patients have been met more adequately. Similar practices prevail in at least two other States. In some, where collections are not at the free disposal of institutions, they are considered by the Legislature in making appropriations. In Kansas, such funds have been used in part for expansion of children's and adolescent programs. In Colorado, they have made possible a staff-patient ratio in care for the aged of 1:1.2.

Program Developments

The organization of state hospitals by the geographic unit system is progressing in a number of States, but in most, the system has some exceptions in order to provide specialized services for certain groups of patients, such as geriatric patients, children and adolescents, and alcoholics and drug addicts. The unit system also does not apply to mental patients afflicted with physical illness and to those requiring maximum security detention. At least in one State, however, it has been abandoned in favor of a division according to patients' treatment needs. In general, institutions strive to intensify their therapeutic programs and to change from a custodial to an active treatment approach.

New programs for elderly patients include a lodge set up by Colorado's Fort Logan Mental Health Center for chronic patients where they do their own housekeeping and engage as a group in various activities. A modern 200-bed geriatric building is in the planning stage at a Maryland hospital; an intensive geriatric rehabilitation program is under way at another. A pilot program of

behavior modification has been instituted at a Nebraska state hospital. A new 150-bed Long Term Care Unit is being opened in South Carolina for not overly psychotic patients in need of some mental and medical care.

To avoid unnecessary hospitalization for geriatric patients, "Operation Hope" is under way in Florida -- a cooperative project of county judges and local and state agencies -- to find alternative placements for patients over 65. In Georgia, a skilled nursing home care facility is being established on the grounds of each state institution to accommodate patients who need such care and are eligible for Medicaid, and a group action program has been devised toward rehabilitation of long-term patients to prepare them for community living, with assistance of families and friends. The Illinois Legislature eliminated from the mental health code definition of "person in need of mental treatment," elderly persons whose mental processes have been impaired because of age. Illinois now also requires preadmission examination of persons of advanced years. A Geriatric Evaluation Service for Baltimore City residents determines whether alternatives to hospital placement are indicated. New York's state hospitals limit admission of patients over 65 to those requiring psychiatric treatment. One of Oklahoma's state hospitals has instituted a resocialization program preceding placement of chronic patients -- about fifty -- in foster homes each of which provides care for not more than two such patients. The patients have free choice of placement and sponsor, and sponsors regularly attend group sessions at the hospital. Pennsylvania transfers geriatric patients to its two Restoration Centers, established to serve as alternative care facilities. Nursing homes are being used in many States for that purpose, as are foster or family care programs. Several States have increased allocations for the latter. Fine placement resources -- not necessarily for elderly patients only -- have been secured in significant numbers, and assistance rendered in readjustment to the community, by "Community Socialization Services," an agency created by intra-departmental efforts and funded by the Philadelphia County Board of Assistance under the 1962 Social Security Amendments providing for social services.

Special programs of inpatient care for <u>emotionally disturbed children and adolescents</u> have been developed or expanded in at least sixteen States. Some new features include the building, in Delaware, of Terry Children's Psychiatric Center; a 48-bed children's unit at the South Florida State Hospital; a 125 percent increase in staff at the adolescent unit of Hawaii State Hospital and renovation of two buildings to accommodate the program. A 1969 law requires that separate quarters be provided for patients under 18 in all Illinois state hospitals. A facility acquired by Maryland in Baltimore County will be used for residential care of children and adolescents. An 80-bed center for emotionally disturbed children was opened at a Michigan state hospital; a 120-bed facility will be ready at another in 1970. A comprehensive community child care center is under construction at a state hospital in Missouri and an adolescent treatment center at the one in North Dakota. Plans have been completed in Oklahoma for a 60-bed children's unit adjacent to a mental health center. Adolescents hospitalized at two Oregon state hospitals will benefit from a new program, adding an expenditure of approximately $80 a month per child, for increased emphasis on activities, educational services and group psychotherapy. Tennessee has expanded its Re-Education Program for mildly to moderately emotionally disturbed children; this program focuses on changing unacceptable behavior of a child rather than on achieving deep personality changes. Children spend five to seven months in a residential center staffed by specially trained teachers who are aided by

consultation from mental health professionals. A special unit for children at Austin State Hospital in Texas has been expanded. An inpatient ward for children has been set up at Utah State Hospital. At a Wisconsin state hospital a work-adjustment program has been initiated for fifteen adolescent patients.

Another area which has been in the forefront of program development and legislation is that of alcoholism and narcotic addiction. A center for drug dependent persons was put in operation at a Connecticut state hospital, and a complex of drug services developed by Connecticut Mental Health Center for the New Haven area. Alcoholism divisions were established within Delaware's and Nebraska's mental health programs. Hawaii now provides for medical evaluation and treatment, rather than arrest, of intoxicated people. Establishment of local treatment centers for the rehabilitation of drug users has been authorized in Indiana. New alcoholism units were created at Kansas and Minnesota state hospitals. A Comprehensive Intoxication and Alcoholism Control Law in Maryland established a Division of Alcoholism Control in the Department of Mental Hygiene for planning, consultation, coordination and program stimulation. A Comprehensive Drug Abuse Control and Rehabilitation Act in the same State provides for establishment of a Drug Abuse Authority which, among other assignments, is to operate pilot clinic programs and rehabilitation centers, and may enter into agreements for provision of various pertinent services. In implementation of Missouri's alcohol and drug abuse program, the bed capacity of each state hospital was increased by twenty, and two detoxification centers have been established.

A halfway house for alcoholic males in the Model City area of Manchester serves approximately fifty former New Hampshire state hospital patients a year. A 1969 law calls for establishment of an alcohol and drug abuse program in that State's Division of Public Health. New York's Narcotic Addiction Control Commission was authorized to establish sheltered workshops for narcotic addicts. An amendment of the mental health code makes alcoholics and drug addicts in North Dakota eligible for treatment as mentally ill; counties in that State have been authorized to establish counseling and referral centers for alcoholism. An amendment to South Carolina's mental health code includes alcoholics and drug addicts in the definition of mentally ill and establishes a Division on Alcohol and Drug Addiction in the Department of Mental Health. It also authorizes use of a portion of the liquor tax to finance the program. A 1969 Texas law requires commitment of narcotic addicts to a mental institution, for an indefinite period. Washington is establishing inpatient and outpatient services for narcotic and drug abusers at one of its state hospitals. A number of States enacted legislation, partly to relax, partly to tighten up laws dealing with drug abuse.

In other developments, California and Oregon have introduced new staffing patterns for their institutions. Vocational rehabilitation programs are gaining in importance in many States. Programs frequently are conducted in cooperation with vocational rehabilitation agencies and often include sheltered workshops. In 1969, the Minnesota Legislature appropriated $75,000 and authorized establishment of ten group homes, each for up to ten patients who are mentally ill, retarded or juvenile delinquents, providing for state reimbursement as under the community mental health services act.

Increasingly, institutions are offering educational opportunities to school-age and adult patients. For example, about 1,000 courses in adult basic education were given for patients in Texas state hospitals in 1969, financed with the aid of federal funds available under the Elementary and Secondary Education Act and in cooperation with local school districts. In Illinois and New York, the Legislatures made mandatory the provision of special education for patients aged 5 to 21 years who are under care of the state mental health agency.

2. The Mentally Retarded

State budgets for institutions for mentally retarded have continued to rise considerably in practically all States. Out of thirty-one States reporting financial data for 1968-69 and 1969-70, only two reported reductions. Increases were less than 10 percent in five; 10 to 20 percent in eleven; 20 to 30 percent in eight; 30 to 40 percent in one; and between 40 and 60 percent in Arkansas, Connecticut, Georgia and Nebraska. Out of twenty-five reporting average daily resident patient populations for 1967-68 and 1968-69, reductions were between 1.3 and 9.1 percent in eleven; 21 percent in Nebraska; in four, the number remained unchanged; increases were from 0.8 percent to less than 9 percent in seven; 11.3 percent in Arkansas; and 20.6 percent in South Carolina. These variations may well be related to the development, or lack of it, of expanding opportunities for care of mentally retarded in the community.

Reimbursement increased markedly in many States -- over 1,000 percent in New York, which collected $53 million under Medicaid in 1968-69; and between 50 and 200 percent in six out of 21 reporting such data for 1967-68 and 1968-69.

Efforts to reduce overcrowding of institutions are widespread; they include construction of additional facilities; use of existing or newly established community facilities; and, in some instances, as in California, Colorado and Minnesota, transfer of patients from mental retardation institutions to vacated sections of state hospitals. Programs have been intensified to prepare potentially eligible patients for community living, by expansion of special education classes in institutions as well as special projects to train patients for independent living. Other programs of therapy and habilitation are aimed at developing lower grade patients to their maximum potentials. Hawaii finances a small intensive treatment center at a chronic disease hospital for children under 12, to help out at a time of family crisis or to attain specific training goals in order to prevent long-term institutionalization.

A new mental retardation center recently was dedicated at the Neuropsychiatric Institute, UCLA. An 84-bed ward was opened at Hawaii's Waimano Training School and Hospital, as was a 27-bed ward for intensive training of children with multiple handicaps. Housing for 100 patients as well as a new treatment unit are being added at Kansas' Neurological Institute, and a treatment and rehabilitation center at one of the state schools. A 170-bed dormitory for emotionally disturbed mentally retarded boys and men and a recreation center for all patients are under construction at Mississippi's state school. An 80-bed intensive treatment center was opened at New Hampshire's institution for the retarded. New Jersey's new Hunterdon State School, accommodating 834, accepted its first patients in April 1969; completion of another facility for 500 in that State is expected late in 1971. One new residential institution for mentally retarded recently was opened in New York; two others are under construction,

and six more in the planning stage. At one of Pennsylvania's state schools, a 300-bed building is being erected for hyperactive residents, and a 288-bed addition, a 100-bed admission-therapy-research building and a gymnasium-activity center are in the planning stage. Also, a new 500-bed facility is to be built in Philadelphia. A new residential center and a 30-bed infirmary were recently completed in South Carolina. Three new institutions for retarded were opened in Texas in 1968 and 1969, providing 944 beds until further expansion by 874 beds is accomplished. A fourth facility was to have a 250-bed capacity upon completion of the first construction phase in 1970. New living units for 120 persons are under construction at Washington's Fircrest School. New units, totaling 108 beds, have been established at two of Wisconsin's Colonies, to treat emotionally disturbed mentally retarded patients.

One or more new halfway houses have been created in several States, including Kansas, New York and Washington. Up to 50 percent state grants-in-aid have been authorized by the Kansas Legislature toward expenditures of halfway houses and rehabilitation facilities for mentally retarded and other handicapped adults. For alternative care, Kansas purchases services from boarding homes for handicapped children. In New Mexico, patients are in various community placements, under the institution's supervision. Oklahoma restricts care at its state schools to mentally retarded of school age; those of preschool age and adults are placed in foster and nursing homes. To equalize the patient load, Pennsylvania has transferred patients among its institutions. It also has placed on leave of absence thirty residents of one institution and put them on full-time employment at another.

RESEARCH AND TRAINING

Few States are in a position to provide full financial data on their expenditures for research and training, since funds for these purposes in many are not appropriated separately. Where figures are available, they show an upward trend. So do activities in these areas in many States where the financial data are lacking.

Among significant changes, California's expenditures for the Psychiatric Institutes were almost 30 percent higher in 1968-69 than in 1967-68. In Kansas, estimated expenditures for research in 1969-70 exceed those for 1968-69 by over 160 percent, and for training by 17 percent. For the same year, the increase in Maryland is some 56 percent for research and 45 percent for training; it is more than 50 percent for the Missouri Institute of Psychiatry. In North Carolina, research and training budgets went up by 128 percent and 90 percent, respectively; in South Carolina, by 102 percent and 44 percent, respectively. The budget of the Texas Research Institute of Mental Sciences -- the mental health and mental retardation research and training facility for the State -- went up 19.4 percent (26 percent the preceding year). Between 1967-68 and 1968-69 -- the latest information available there -- training expenditures rose over 86 percent in Michigan; between 1968-69 and 1969-70, they went up 154 percent in New York, and about 31 percent in Wisconsin.

Research

New research, or research and education, staff was appointed in Colorado, Georgia, New York and South Carolina. New research laboratories are being established in Georgia, Michigan, Nebraska and South Carolina. A research building at Kansas' Parsons State Hospital and Training Center has been completed and

$1 million approved for a clinical and training facility there. Michigan's Department of Mental Health expects to establish a Mental Retardation Research Center jointly with the University of Michigan. An Alcoholism Research Institute is being established cooperatively by the Department of Mental Hygiene and the State University of New York at Buffalo. A central evaluation office was created in the North Carolina Department of Mental Health to coordinate research projects and provide consultation.

A tremendous variety of clinical and applied research projects is under way in various areas of mental illness and related fields, epidemiology, pharmacology, as well as geriatrics, mental retardation, alcoholism and drug addiction. Increasing effort is directed toward the evaluation of various ongoing programs of care and treatment. A Mental Health Systems Council has been established in Connecticut, to develop an overall approach to program evaluation, including methods of analyzing relationships between program cost and benefits. Similarly, an Information Systems Division has been set up in the Illinois Department of Mental Health; a Program Development Division in Michigan's Department of Mental Health; and Nebraska has implemented a management reporting and information system, including a program of management by objectives -- to measure accomplishments against stated objectives. A Bureau of Operations has been established in New Jersey's Division of Mental Retardation, and a research unit in Rhode Island's Office of Mental Retardation. Emphasis on program evaluation was reported by many others. States also are working toward systematization of data collection, including Minnesota, where a statewide data retrieval system is being established, and Missouri, which is installing an automated IBM system for its ten major institutions.

Training

A large variety of inservice training seminars, workshops and similar short-term training efforts are being undertaken in practically every State and facility. Such sporadic programs have been replaced in North Carolina for a variety of top echelon employees by a continuing education program, conducted by the Department of Mental Health in cooperation with the Department of Psychiatry of the University of North Carolina. Michigan has embarked on a new method of training attendants, with less reliance on training staff and lectures and greater emphasis on self-instruction.

Formal training in the traditional professions continues at many facilities. Psychiatric residency training has been newly instituted at the Arizona, Colorado and Delaware State Hospitals. Stipend programs in one or several of the professions are available in a growing number of States. Career (work-study) programs of varying nature and associate degree programs for mental health workers and similar intermediate positions, offering employees with little formal training an opportunity for advancement, were newly reported by a number of States. To better equip nurses not working in the Department of Mental Health to deal with mental health problems, Connecticut state hospitals offer a twelve-week psychiatric nursing experience to licensed practical nurses employed by community agencies, and a three to five-day orientation program for public health nurses. Similar programs are under way in Georgia, Mississippi and North Dakota. Further in Connecticut, high school seniors may work half time at a state hospital and be eligible for a position as Psychiatric Aide I following graduation. Another area in which more training opportunities have been developed, mostly with the aid of federal funds, is that of special education.

ORGANIZATION AND ADMINISTRATION

Major departmental reorganization has occurred in several States. A Department of Mental Retardation was established in Arkansas. Delaware's Department of Mental Health now is lodged under a Department of Health and Social Services. In Florida, the Division of Mental Health, including a Bureau of Alcoholic Rehabilitation, and the Division of Mental Retardation -- both formerly under a Board of Commissioners of State Institutions -- were transferred to a newly created Department of Health and Rehabilitative Services. A Department of Health and Mental Hygiene in Maryland has been assigned responsibility for coordination of services of the Departments of Health, Mental Hygiene, and Juvenile Services, and a variety of related boards and commissions. The Office of Mental Retardation in Nebraska was transferred to a newly established Medical Services Division in the Department of Public Institutions; this division now is responsible for an integrated mental health-mental retardation program. Institutional and community programs for mentally ill and mentally retarded in New Mexico have been placed under a Department of Hospitals and Institutions. In North Dakota, the Board of Administration was abolished and a Department of Administration established, which includes responsibility for the school for mentally retarded.

Six divisions in Oregon, including the Mental Health Division, were made responsible directly to the Governor. A seventh -- an Institutional Services Division -- provides administrative facilities and services to the other six. Changes within Pennsylvania's Department of Public Welfare included the appointment of a Deputy Secretary of Mental Health and Mental Retardation. Rhode Island's programs for mentally ill and retarded have been made part of the responsibilities of a Department of Mental Health, Retardation and Hospitals. Utah's Mental Health Division has become one of six under a Department of Social Services. A Department of Health and Social Services was established in Wyoming; under it, a Division of Mental Health and Mental Retardation is responsible for community services. The Governor of Tennessee appointed a Retardation Program Coordinator to coordinate services for the retarded being performed by various departments of state government.

To improve overall intradepartmental program coordination, major or minor internal administrative reorganization has occurred in a large number of States. Also, by legislative or executive action, a number of States have created a variety of new commissions or similar groups, composed of citizens and/or departmental representatives and, sometimes, legislators, to advise on policies for mental health and mental retardation programs or certain aspects of them.

The development in Texas of a systems-type ward building design is expected to make possible construction of facilities from prefabricated sections, at substantial reduction in cost, for use in a wide range of treatment and care needs.

OTHER LEGISLATION

Many States amended their mental health codes, including reimbursement provisions, or enacted a new one, as did Georgia. Several laws dealt with confidentiality of patient records. In Connecticut, Georgia and South Carolina, some restrictions were placed on confidentiality, to permit exchange of information necessary to ensure continuity of care. Connecticut and Georgia authorized

treatment of patients admitted to Department of Mental Health facilities by private physicians or psychiatrists, under certain conditions. One-time or periodic patient review relative to continued hospitalization was the subject of legislation in Illinois, New York and Wisconsin. Voluntary admission was provided for mentally retarded in California and Nebraska. Illinois legislation removed the restriction on family medical and hospitalization insurance coverage for dependent retarded children over 19 years of age. By 1969 Texas legislation, a person acquitted of an alleged offense because of insanity and committed to a mental institution is not a person charged with a criminal offense.

Legislation requiring licensing of various facilities for the care of children and mentally retarded was enacted in Arkansas, Connecticut, Georgia, Illinois and Kansas. By a recent law, the Director of the Division of Mental Health in Utah now may be a licensed psychologist or a psychiatrist. Michigan and North Carolina legislation reaffirmed that the superintendent of a state hospital must be a physician or psychiatrist, respectively. The professional qualifications of the superintendent of a school for mentally retarded in Michigan are left to determination by the Director of Mental Health; in North Carolina, he must be a psychiatrist or a pediatrician. Indiana provided for the certification of psychologists.

The Interstate Compact on Mental Health was enacted in 1968 or 1969 in Nebraska, New Mexico, Texas, Virginia and Wyoming, so that a total of forty States now are party to it. Delaware, New Hampshire and South Dakota have been added to four States which previously adopted the Interstate Compact on the Mentally Disordered Offender.

Hopefully, the next years will bring further expansion and consolidation of comprehensive services at the community level -- with continued support by federal funds. Perhaps the States may come a little closer to the aims for institutional programs as stated by New York and doubtless shared by many States: To make the state hospitals active treatment centers, readily accessible, close to major medical or university centers where possible, adequately staffed to provide a therapeutic program, with emphasis on rehabilitation.

* * * * *

Table 1

Financing Community Mental Health Services
(In Thousands)

State	Expenditures 1967-68 State	Federal	Local	1968-69 State	Federal	Local	Appropriations 1969-70 State	Federal	Local	1970-71 State	Federal	Local
Cal.	$24,801*[a]			$30,625*[a]			$53,925[a]		$ 7,600			
Colo.	823	$ 769	$ 950	1,018	$ 977	$ 1,177	1,320**	$ 1,405**	1,968**	$ 2,408**		
Conn.[c]	2,045	150[b]	1,793	2,045	150[b]	1,793	2,773	150[b]	2,421	2,773	$ 150[b]	$2,421
Del.	652	24		837	8		872	9**				
Fla.[c]	1,599	268[b]		1,899	973[b]		2,822	1,411[b]				
Ga.[c]	653	167	651	706	228	873	1,203	231	1,534	2,180***		
Hawaii[c]-MI	$1,317		-	$1,531		-	1,645	70[b]				
-MR	116			137			152					
Ill.-Clin.	3,054	324[b]		3,823	360[b]	7,200	5,304	408[b]	9,400			
Centers	15,781	16		20,110**	254**		26,443	249				
Iowa	200	108[b]	2,068**	200	138[b]	2,502**	200	144**[b]	2,637**			
Kans.			2,783		221[d]	3,277		394[d]				
Md.	732	280		657	327		2,616	308		8,326***	254	
Mich.	8,580	-	6,260	11,068	75	7,134	14,469					
Minn.	1,544	-	1,360	1,753	96	1,621	3,000			3,500		
Miss.	43	145	43	63	154	63	60#	208#	60#	60##	208##	60##
Mo.[c]-MI	8,352	1,441[b]		11,020	1,182[b]		12,120	934[b]		15,400***		
-MR	2,101	-		3,726	189		4,271	167				
Neb.	456	4[d,e]	48[e]	456			453	91[d,e]	63[e]	453		
Nev.[c]							554	124			193	
N.H.[c]	600	2	623[f]	600	11	992[f]	575	65	1,042**[f]	575	65	1,125**
N.M.[c]	145	137	20[g]	512	529	21[g]	534	890	41[g]			
Priv.local			1			25			176			
N.Y.	31,044	638[b]	30,540	43,528	659[b]	43,594	64,138	707[b]	NA			
N.C.	1,456	238		2,000	254		3,141	254		3,354	254	
N.D.[c]	150	208	59	299	536	101	355#	622#	263	432**#	502**#	356**#
Ore.[c]	2,963[e]	670[e]	2,565**[e]				4,086[e]	1,110[e]	3,438**[e]			
Alc.&drug	436	57					617	160				
Penna.[c]	6,309			10,753**			32,134#	1,900				
R.I.	489	65	NA	674	65	349	704	65	NA			
Alc.	168			182			185					
Tenn.	750	255	308[h]									
Tex.[c]	3,780	452		4,481	470		5,533	470**		6,557	470**	
Utah[c]	496			610			919			1,878		
Wash.	334	NA	NA	929	NA	NA	1,100**			1,400**		
Wis.[c]	1,346	242[b]	1,975	1,590	312[b]	2,387	1,590**	391**[b]	3,806**	1,590**	555**[b]	4,847**
Wyo.	153		131	153		131	189		161	189		161

Table 1 (continued)

* - Appropriation
** - Estimate
*** - Requested
\# - Budgeted
- Anticipated
NA - Information not available

a) California: In addition, $1 million, $2 million and $2.9 million, respectively, in the three years from Medi-Cal.
b) Connecticut, Florida (1968-70), Hawaii, Illinois, Iowa, New York, Texas, Wisconsin: 314(d) funds; in Florida and Hawaii also staffing grants. In Missouri, includes $179,500 314(d) funds in 1967-68, $215,700 each in 1967-68 and 1968-69; otherwise staffing funds. In Wisconsin, includes 314(d) funds and staffing funds amounting to $99,950 in 1967-68; $131,334 in 1968-69; $160,290 in 1969-70; and $240,000 in 1970-71. In Connecticut, 314(d) funds being used for pilot projects, for innovative ways of using mental health knowledge and personnel; projects involve case finding for intervention when children experience severe personal trauma; improved liaison between state hospitals and communities; reducing prevalence of alcoholism; improving volunteer programs and expanding volunteer services in community; training in volunteer administration; etc. New York has used 314(d) funds for administration ($15,000 in 1967-68; $25,000 in 1968-69); for local program research and evaluation ($240,000 in 1967-68; $170,434 in 1968-69); for projects to improve continuity of care and coordination of state and local services ($297,000 in 1967-68; $368,366 in 1968-69); for support of local mental health training programs ($86,000 in 1967-68; $95,000 in 1968-69). In 1969-70 they again were to be used for stipends and tuition assistance for professionals, workshops and seminars and inservice training and, to some extent, for research and evaluation, but mainly to increase direct services to the poor, the aged, the severely mentally ill, mentally retarded and alcoholic and drug addicts.

c) Some details on breakdown or use of state funds:
Connecticut: 1967-69, $1.6 million for 14 child guidance clinics; $1.8 million for psychiatric services in 21 general hospitals; $30,000 for day treatment programs for children; $305,000 for Regional Councils; $355,000 for community mental health services. Slight increases for 1969-71, but child guidance clinics up to $2.725 million. Starting 1969-70, $100,000 a year in state funds for some services to be provided by Bridgeport Mental Health Center prior to opening of center. Local funds include in-kind expenditures, patient fees and contributions from United Fund and local government. Grants to Regional Councils frequently used for consultation and training of groups such as visiting and public health nurses, social agencies, boards of education. Applications for grants-in-aid revised to elicit more comprehensive information on program and to require agencies to evaluate their own programs in greater depth.
Florida: State funds represent 50 percent matching of operation of 21 multi-purpose clinics.
Georgia: Grants-in-aid include $90,102 in 1967-68; $126,876 in 1968-69; $474,555 in 1969-70; and $300,000 in 1970-71 for mental retardation.
Hawaii: State funds include grant of $125,000 a year for short-term psychiatric care in general hospitals and $30,000 a year for support of private agencies.
Missouri: Finances for three regional centers for mentally ill and the regional diagnostic clinics for mentally retarded. Expenditures at centers for alcoholism and drug abuse - $260,000 in 1968-69; $286,000 in 1969-70; $433,000 in 1970-71; for children - $251,800; $263,300; and $330,000, respectively.
Nevada: Of state funds, $433,040 available for clinic operation through Bureau of Community Services and $121,099 Governor's recommendation for operation of comprehensive center (recommendation for 1970-71, $244,152).
New Hampshire: Specifically includes for services to mentally retarded $59,837 in 1967-68; $54,567 in 1968-69; $67,867 in 1969-70; and $70,000 in 1970-71.

Table 1 (continued)

c - continued)

New Mexico: For mental illness - 1967-68 $225,000; 1968-69 $831,000; 1969-70 $1,250,000)
For mentally retarded - 42,000 130,000 137,000) (breakdown includes federal and local funds)
For administration - 35,735 88,228 97,228)

North Dakota: Mainly to finance regional centers; also includes administrative expenses and, until closed in 1968, operation of State Psychiatric Clinic.

Oregon: Includes $232,515 in 1967-69 and $494,780 in 1969-71 for administration; balance for state matching of community services, including $65,500 in 1969-71 for inpatient hospital services in a general hospital which is part of a comprehensive center.

Pennsylvania: For grants-in-aid to community mental health centers - 1967-68 $2 million; 1968-69 $4 million
For administering programs established under 1966 Mental Health and Mental Retardation Act $0.5million $1.3million
For support of mental health clinics and workshops (workshops serving mainly mentally retarded) $3.7million $5.5million.

Texas: State grants-in-aid - 1967-68 $3 million; 1968-69 $3.5 million; 1969-70 $4.5 million; 1970-71 $5.5 million
Funding of two state-operated clinics 0.433million; $0.481million; $0.506million; $0.516million
Rio Grande Center for Mental Health & Mental Retardation $0.347million; $0.5 million; $0.527million; $0.541million.

Utah: Administration	$126,700	$151,100	$136,300	$146,600
Service to Juvenile Court	39,800	43,100	65,000	70,000
Local mental health services	139,300	177,200	198,000	239,400
Youth Service Program	-	21,900	69,500	119,900
Comprehensive Centers	190,200	216,800	450,600	1,301,700.

Wisconsin: Finances for clinics. "Local" includes "county" and "private," the latter amounting to $470,021 in 1967-68; $371,086 in 1968-69; $1,291,983 in 1969-70; and $1,744,000 in 1970-71. Expenditures by State for central administration and field services (65% mentally ill; 35% mentally retarded), $0.9 million in 1967-68, increasing by approximately $0.1 million a year. Federal funds involved $120,000 to $140,000 a year. In addition, Department of Health and Social Services spends approximately $1.8 million a year for executive and business management, collections and deportation, research and statistics.

d) Kansas, Nebraska: Staffing grants.
e) Nebraska, Oregon: For biennium.
f) New Hampshire: 'Local' includes $93,000 in 1967-68; $119,000 in 1968-69; $150,000 in 1969-70; and $175,000 in 1970-71 local public funds.
g) New Mexico: County.
h) Tennessee: Plus $577,391 from private and other sources.

Table 2

Financing Operation of Public Mental Hospitals
(In Thousands)

	State Expenditures				State Appropriations			
	1967-68		1968-69		1969-70		1970-71	
State	Total	Pers.Serv.	Total	Pers.Serv.	Total	Pers.Serv.	Total	Pers.Serv.
Alaska	$ 2,315	$ 1,825	$ 2,370	$ 1,890	$ 2,622	$ 2,062	NA	NA
Ariz.	5,709	4,019	5,977	4,305	6,340*	4,469*	$ 8,765#	$ 5,986#
Cal.	124,184	104,967	127,514	111,511	134,337	108,683*	NA	NA
Colo.[a]	24,069	20,397	21,275	19,374	22,920*	21,271*	24,290#	22,280#
Conn.	36,415	27,917	38,141	29,216	49,774	34,876	49,165	NA
Del.[b]	6,248	4,423	7,520	5,033	7,297	5,623	NA	NA
Fla.	26,226	19,002	29,483	21,549	35,590	29,119	NA	NA
Ga.	30,550	20,932	37,287	29,494	46,824	37,592	65,580#	50,002#
Hawaii	3,843	3,065	4,346	3,416	4,496	NA	NA	NA
Ill.	159,325	104,515	164,827*	113,698*	209,196	133,880	NA	NA
Iowa	NA	NA	11,769	9,415	12,690[c]	(c)	NA	NA
Kans.	14,576	11,981	15,793	13,077	19,112	16,180	20,743#	17,419#
Md.[d]	32,664	26,658	33,610	27,897	40,010	33,311	49,426#	40,353#
Mich.	58,760	47,729	66,590	54,779	74,866	NA	NA	NA
Minn.	24,589	19,748	25,408	20,621	28,120	23,014	28,354	24,040
Miss.	9,071	5,200	9,994	6,672	11,303	7,418	12,765#	8,620#
Mo.	31,637[e]	23,893[e]	35,023[e]	27,826[e]	37,792	30,047	45,200#	36,003#
Neb.[f]	15,067	11,859	15,067	11,859	17,119	14,504	17,119	14,504
Nev.	NA	NA	2,570	2,125	3,262	2,654	NA	NA
N.H.	7,261	5,717	7,655	6,120	7,800	6,233	7,944	6,403
N.M.	3,166	2,539	3,630	2,632	NA	NA	NA	NA
N.Y.	245,269	202,109	299,210	249,024	307,104	249,202	NA	NA
N.C.	27,436	20,423	29,680	21,557	35,491	24,378	36,696	25,305
N.D.	NA	NA	5,062	3,707	5,689	4,317	5,689	4,317
Okla.	15,537	10,802	16,952	11,971	19,171	14,802	21,564	17,048
Ore.	10,352	8,670	10,352	8,670	11,713	10,049	11,713	10,049
Pa.	117,027	86,334	134,147	94,146	165,718[g]	115,071[g]	189,532#	128,503#
R.I.[h]	9,744	6,961	10,020	7,488	9,381	7,424	NA	NA
S.C.	12,392	8,840	10,893	9,230	11,992	10,926	14,648*	12,863*
S.D.	4,917	3,322	4,650	3,804	5,000	3,957	NA	NA
Tenn.	20,020	14,415	NA	NA	NA	NA	NA	NA
Tex.[i]	34,378	25,098	35,999	26,489	39,450	30,175	40,322	31,038
Utah	2,830	2,359	3,112	2,522	3,075	2,671	3,111	2,704
Wash.	19,532	14,770	21,295	15,297	23,408	17,712	23,595	17,992
Wis.[j]	-St.23,470	33,617	26,365	37,947	25,612*	39,492*	25,950*	42,295*
	-County 8,686		12,201		14,894*		17,007*	
	-Priv. 17,052		16,068		18,080*		20,500*	

NA - Information not available
* - Estimate
\# - Requested

a) Colorado: For 1967-68 includes mental retardation program established at State Hospital. For all years includes Fort Logan Mental Health Center.

b) Delaware: Totals include State Hospital, Governor Bacon Health Center (52 percent for emotionally disturbed children; 48 percent for adults - extended care) and Terry Children's Psychiatric Center (starting 1968-69); personal services do not include the latter.

Table 2 (continued)

c) Iowa: Lump sum appropriations, to be spent at discretion of Mental Health Institutes.
d) Maryland: Except for 1970-71, includes Institute for Children (between $0.6 million and $0.7 million a year).
e) Missouri: Appropriation.
f) Nebraska: Includes Neuropsychiatric Institute.
g) Pennsylvania: Pending approval.
h) Rhode Island: Includes approximately $1.1 million a year for Charles V. Chapin Hospital - the admission and screening unit.
i) Texas: Includes grant funds (in 1967-68, $750,543) except under salaries for 1969-71; in addition, almost $1.9 million in 1969-70 and over $1.9 million in 1970-71 for Vernon State Center (opened in Fall, 1969) - a multi-service facility, including an alcoholic ward and a total inpatient capacity of 233.
j) Wisconsin: St. - State expenditure or estimate (for county hospitals - $15,102,515 in 1967-68; $16,688,419 in 1968-69; $16,106,000 in 1969-70; $16,300,000 in 1970-71); county - county expenditure or estimate for state and county hospitals (for state hospitals - $3,993,889; $4,500,496; $4,650,000; and $4,800,000, respectively, in the four years covered); Priv. - private sources - collections, including Medicare and Medicaid. Amounts listed for personal services include all sources. Of county hospital patients, 18 percent are mentally retarded.

Breakdown of Operating Funds and Additional Funds for Special Programs

		1967-68	1968-69	1969-70	1970-71
Alaska:	Outpatient and emergency services**	NA	$32,957	NA	NA
	Short-term, acute care in gen. hosps.##	$60,200	25,292	$70,000	NA
Ariz.:	Child psychiatry**		213,072	284,630	$395,936
	Forensic psychiatry**		214,066	261,202	365,939
	Geriatric psychiatry**		385,389	418,193	635,578
	Education program**		57,581	70,000	120,000
	Mental retardation**		288,465	331,757	495,498
	Phoenix community program**		36,303	57,870	128,373
	So. Ariz. Mental Health Center**		409,505	462,462	535,086
Calif.:	Approximately $1 million a year## for aftercare programs of state hospitals.				
Colo.:	Aftercare and community services**	429,504	549,047	684,588	712,168
	Geriatrics**	1,380,053	1,474,154	1,536,774	1,525,583
	Children**	1,138,573	1,384,292	1,599,861	1,797,451
	Family care**	NA	350,209	384,945	384,564
	Alcohol and drug addicts**	623,864	694,378	845,155	945,513
Conn.:	Security treatment**	--	35,535	92,545	NA
	Day treatment**	138,189	142,957	181,738	NA
	Outpatient clinics**	480,345	524,064	479,530	NA
	Boarding homes**	36,451	55,000	40,000	NA
	Alcoh. and drug program, incl. clinics**	800,225	836,474 and 500,000	1,544,382	fed. funds

** - Included in financial table
- In addition to finances in table

Table 2 (continued)

		1967-68	1968-69	1969-70	1970-71
Conn. (cont.):	High Meadows, Children's Unit and Psychiatric Clinic for Children**	$1,315,252	$1,540,365	$1,712,771	NA
	Out-of-state placement of children in private facilities##	895,000	1,090,000	1,200,000	NA
	In-state placement in private facilities (paid by Welfare Department)##	1,370,000	1,847,000	NA	NA
Del.:	Alcoholism treatment program**	NA	348,284		
Fla.:	Operation Hope - a cooperative project by county judges, county and state welfare depts, Div. of Mental Health and compreh. centers, for alternative placement of persons over 65 not in need of care in a specialized psychiatric facility**		100,000	330,000	
Ill.:	Alcoh. and addiction program**	737,506	1,508,534	2,525,616	
	Placem. of emotionally dist. children in other than state facilities##	2,900,000	3,300,000	5,175,000	
Kans.:	Hosp. outpatient serv. & partial hosp.**	345,045	436,944	624,466	$657,674
	Children's and adolescent programs**	1,116,307	1,460,846	2,006,683	2,343,973
	Alcoh. program**		99,326	217,890	357,129
Md.:	Community services**		11,271	962,380	1,838,700
	Foster care**	55,800	52,136	79,157	140,976
Mich.:	Aftercare**	1,083,300	878,400[a]		
Mo.:	Children's programs**	NA	541,320	566,148	699,163
	Alcoh. and drug abuse program**	NA	494,140	515,251	651,283
	Payroll for ed. of em. dist. children**[b] (Also approx. $190,000 fed. Title I ESEA funds)		548,088	610,877	
	Family placement for about 3,050##	1,825,007	2,486,136	2,780,000	5,000,000
N.H.:	Children's services**			241,963	343,041
	(Federal - therapeutic education)	87,722	116,672		
	Placem. of geriatric patients in sanatorium**			50,463	52,575
N.M.:	Community and outpatient services** (staff of 12 field reps. assigned to communities throughout State; 5 half-time psychiatrists; 2 admin. personnel. to provide aftercare and pre-care)	169,280	216,346		
	Comprehensive centers**	70,000	382,228		
N.Y.:	Foster care**	1,280,802	1,348,728	1,500,000	
	Narcotic program##	3,391,888	3,112,655	2,603,813	
	Alcoh. program##	2,103,670	2,676,165	2,378,035	
N.C.:	Alcoh. Rehab. Center**	205,546	620,902	1,942,413	2,022,107
N.D.:	Hospital outpatient services**	NA	124,000	NA	
Okla.:	Hospital outpatient services**	283,840	328,591	367,512	453,628
Ore.:	Children's program, Edgefield Lodge##	75,000	75,000	140,648	140,648
R.I.:	Under State Beneficiary Progr.##96 em. dist. childr. attended non-pub. resid. schools within and outside State at cost of	NA	660,395	NA	NA
S.C.:	Aftercare**	22,320	30,110	30,730	32,000
	Alcoh. and drug program**[c]				24,455

** - Included in financial table
- In addition to finances in table
a) Reduction due to change in reporting system
b) Increase from 70 teachers and 329 students in 1967-68 to 75 teachers and 716 students in 1969-70.
c) New program in year for which first listed

Table 2 (continued)

		1967-68	1968-69	1969-70	1970-71
Utah:	Youth Center**	$150,924	$174,380	$270,300	$309,609
Wash.:	Treatm. program for drug abusers**c			150,000	150,000
Wis.:	Outpatient services of state hospitals##	81,847	92,417	95,000	98,000
	Univ. Hosp. outpatient clinic##	11,311	12,460	13,300	14,100
	Sex deviate progr. (Div. of Corrections)##	481,141	546,202	652,500	748,200
	State exp. for inebriate prgr. at Milwaukee County House of Corrections##	45,477	79,489	96,600	106,000

** - Included in financial table
- In addition to finances in table
c) New program in year for which first listed.

Table 3

Financing Operation of Public Institutions for Mentally Retarded
(In Thousands)

	State Expenditures				State Appropriations			
	1967-68		1968-69		1969-70		1970-71	
State	Total	Pers.Serv.	Total	Pers.Serv.	Total	Pers.Serv.	Total	Pers.Serv.
Alaska	$ 1,119	$ 672	$ 1,306	$ 787	$ 1,607	$ 993	NA	NA
Ark.	2,135	1,443	3,667	2,388	5,842	NA	$ 6,260	NA
Cal.	54,601	47,793	60,335	53,183	66,152	58,821*	NA	NA
Conn.[a]	18,925	NA	18,925	NA	30,043#	NA	30,043#	NA
Del.	2,138	1,565	2,260	1,802	2,497	2,000	NA	NA
Ga.-Schl.	6,665	4,927	7,382	6,106	8,262	6,812	9,766	$ 8,245
MR center	132	116	490	362	3,816	2,888	7,730#	6,120#
Hawaii	2,902	NA	8,136	NA	3,380	NA	NA	NA
Ida.	2,080	1,514	2,080	1,514	2,152	1,933	2,152	1,933
Ill.	38,096	27,556	36,397	27,180	47,340	36,573	NA	NA
Iowa	NA	NA	8,965	7,173	9,736[b]	(b)	NA	NA
Kans.	10,664	8,748	11,646	9,751	14,396	12,446	16,820#	14,397#
Md.	10,548	8,338	11,300	8,940	12,828	10,904	19,283	15,363
Mich.	45,253	38,029	52,269	43,769	61,302	NA	NA	NA
Minn.	17,724	14,641	19,511	16,509	21,979	18,875	21,429	18,945
Miss.	1,706	1,020	2,026	1,372	2,782*	1,565*	3,013*	1,810*
Mo.	7,620	5,707	8,762	6,670	9,941	7,599	12,519#	9,474#
Neb.	4,543	3,373	4,543	3,373	6,563	5,364	6,563	5,364
N.H.	2,573	2,034	2,518	2,016	3,221	2,615	3,253	2,629
N.J.	22,217	17,315	24,986	19,687	27,706	22,518	NA	NA
N.M.[c]	3,292	2,017	3,755	2,407	NA	NA	NA	NA
N.Y.[d]	87,020	71,831	105,707	88,048	112,879	96,123	NA	NA
N.C.	15,166	11,916	16,710	13,389	21,212	15,169	22,327	16,021
N.D.	2,746	1,890	2,712	2,062	3,046	2,219	3,046	2,219
Ore.	10,320	8,588	10,320	8,588	12,646	10,662	12,646	10,662
Pa.	41,644	30,530	50,906	35,073	65,444[e]	44,060[e]	75,220#	50,205#
R.I.	4,626	3,346	5,081	3,503	4,832	3,568	NA	NA
S.D.[f]	2,950	1,338	3,035	1,508	3,162	NA	NA	NA
Tenn.	6,845	4,997	NA	NA	NA	NA	NA	NA
Tex.[g]	25,769	19,743	29,157	22,421	32,420	24,400	33,963	26,382
Wash.	16,663	11,806	20,469	13,902	22,687	16,528	24,012	16,711
Wis.[h] St.	7,853	18,063	4,693	20,650	3,969*	21,301*	3,483*	21,880*
-County	280		320		300*		300*	
-Priv.	13,228		20,557		22,525*		24,319*	
Wyo.	1,605	1,150	1,794	1,331	2,089	1,587	2,089	1,587

NA - Information not available
* - Estimate
\# - Requested

a) Connecticut: For two training schools, $14.7 million per year in 1967-69; $19.4 milion a year for 1969-71; balance for regional centers.

b) Iowa: Lump sum appropriations to be spent at discretion of institution.

Table 3 (continued)

c) New Mexico: Includes, in 1967-68, $80,524 HIP, $11,539 staff development grant and $58,573 Title I ESEA funds; in 1968-69, $6,437 staff development and $92,891 Title I.

d) New York: Includes, in 1969-70, $1.0 million Title I ESEA funds for summer school program and enriched educational programs for school-age children at all institutions.

e) Pennsylvania: Pending approval.

f) South Dakota: Totals for Redfield State Hospital and School and Custer State Hospital; salaries for Redfield only.

g) Texas: Including grant funds ($1,912,848 in 1967-68).

h) Wisconsin: St. - state expenditure or appropriation. County - county expenditure or appropriation. Priv. - private sources - collections, including Medicare and Medicaid. Amounts listed for personal services include all sources.

Breakdown of Operating Funds and Additional Funds for Special Programs

		1967-68	1968-69	1969-70	1970-71
Alaska:	For placement in private facilities##	$250,000	$275,363	$330,000	
Hawaii:	For extramural functions and incl. Children's Health Serv. Div., Health Dept.##	116,436	137,298	151,843	
	For intensive treatm. center for 12 mentally ret. children, operated by a chronic disease hosp. - for crisis relief and specific trg. goals, to avoid long-term institutl. care##	75,000	75,000	75,000	$ 75,000
Ida.:	Outside placement program	36,675	36,675	39,675	39,675
Ill.:	Special education (instructors)**		357,371		
	For placem. in other than state facilities##	988,953	2,788,476	4,000,000	
	For payment of pats. who perform full-time or part-time jobs in institutions##a			150,000	
Md.:	For community services**		344,194	541,348	
	For foster care**	106,788	108,254	111,000	219,010
	For special education** ($251,527 at Rosewood; $115,894 at Inst. for Childr	$240,654 at other institutions.	608,000(est.)		
	$232,221 fed. funds, incl. Title I ESEA, in 1968-69. Prgrs. involve 49 tea cs and 806 pupils).				
Mich.:	For aftercare and outpatient serv.**	3,200,000			
	For special education**b (in addition, $334,030 fed. funds); for 120 teachers and 1,113 students under 21.	4,800,000			
Minn.:	For 50 percent state matching of resid. placem. in community facilities##a			950,000	950,000
Mo.:	For family care placement##	308,375	579,526	920,000	1,677,500
	For special education**c		459,260	591,603	
	In addition, fed. Title I ESEA funds	153,083	351,089	239,760	
N.J.:	For program for delinquents**	198,551	204,010	429,026	
	evaluation-research**	113,302	114,652	237,029	
	nursery**	882,270	877,174	1,016,628	

- In addition to finances in table

** - Included in financial table

a) New program in 1969-70, except new in New York in 1968-69.

b) Special programs for 3,208 educable and trainable children, involving 9½ full-time and 19½ part-time teachers, financed from Title I ESEA funds - $819,443 in 1969-70.

c) Increase from 50 teachers and 960 students in 1967-68 to 62 teachers and 1,739 students in 1969-70.

Table 3 (continued)

		1967-68	1968-69	1969-70	1970-71
N.J. (cont.):	For special education**	$768,124	$853,471	$1,004,359	
	In addition, federal	705,000	908,000	1,125,000	
	Involves 2,546 children and 103 teachers in 1967-68; 2,900 (est.) children and 130 teachers in 1969-70.				
	For field services (post-institutl. and waiting list case counseling)##	317,114	374,156	404,540	
	Family care##	115,000	111,115	127,500	
	Purchase of serv. in priv. facilities##	1,504,244	1,640,215	1,875,000	
N.M.:	Operation of mental ret. progr. of comprehensive centers**	75,000	150,000		
N.Y.:	For community care**	503,317	668,964	986,200	
	For hostels (3 in operation)**a		8,582,213	164,900	
N.C.:	For special education**	161,652	170,816	254,829	$264,441
	In addition, federal funds	237,139	605,527	823,327	
	Prgr. involves, in 1968-69, 166 instructl. personnel at 4 instituts. for retarded; 18 at psych. hosps.; 5 at Wright Schl - reed. prgr. for em. dist. children - for over 2,150 mentally ret. and 350 em. dist.; enriched prgr. through sp. ed. techniques, incl. behavioral modification, cultural enrichm.; upgrading of staff through inserv. trg.				
Pa.:	Est. state exp. for resid. care of mentally ret. in other than state facilities	3,500,000	4,144,000		
R.I.:	Aftercare**	20,000	20,000	20,000	20,000
S.C.:	For diagn., eval. and followup on outpatient basis - estimate**a			150,000	500,000d
Tex.:	For San Angelo Center##a			1,000,000	1,500,000
Wis.:	Approx. $1 million a year state and fed. ($0.3 million to $0.4 million) funds for sp. ed. involving 87 teachers and 1,612 children in 1967-68; 91 teachers and 1,719 children in 1969-70.				

** - Included in financial table
- In addition to finances in table
a) New program in 1969-70, except new in New York in 1968-69.
d) Requested. Also for assisting in development of alternatives to residential care.

Table 4

Average Daily Resident Population and Per Patient Expenditure Per Diem Public Institutions for Mentally Ill and Retarded

	Actual								Estimate							
	1967-68				1968-69				1969-70				1970-71			
	Hospitals		Schools		Hospitals		Schools		Hospitals		Schools		Hospitals		Schools	
State	Popul.	Exp.	Popul.	Exp.	Popul.	Exp.	Popul.	Exp.	Popul.	Exp.	Popul.	Exp.	Popul.	Exp.	Popul.	Exp.
Alaska	180	$34.70		$33.08	163	$39.82		$35.78								
Ariz.	1,086	13.48			1,174	13.15			1,153	$14.30				$20.35		
Ark.			578	9.71			643	11.33								
Cal.	19,474	15.97	13,138	13.70	16,823	18.32*	12,678	15.31*	14,050	18.73	11,765	$16.24				
Colo.[a]	2,441	21.80			2,267	25.50				28.30				30.20#		
Conn.	6,100	13.68	4,063		6,100	16.60										
Del.[b]	1,120	12.08	121	10.08	1,167	14.48	110	11.10		15.80		12.02				
Fla.	9,960	7.28			9,633	8.35				9.66[c]						
Ga.[d]	10,196	5.62-9.15	1,729	8.72	9,741	6.93-27.74	1681	11.79		8.54-35.95		13.35		8.54-35.95		$13.35
MHIn.	69	47.87			109	34.30				32.35				32.35		
MR Center												43.07				43.07
Hawaii[e]	792	15.48	805	8.99		18.43	764	10.95								
Ida.				7.26				7.26				7.45				7.45
Ill.	23,990	14.33		11.45	21,035	16.96*		12.86*		19.80		16.27				
Iowa					1,255	26.20	1,714	14.32								
Kans.	2,366[f]	17.74	2,127	13.85	2,004[f]	21.74	2,128	15.33	2,076	25.38	2,265	17.73	2,110	27.08#	2,555	18.37#
Md.	7,640	11.65	3,089	9.65-11.32		12.50	3,088	10.19-13.14		14.19		11.58		18.21		14.54
In.f.Ch.	71	25.52			72	27.01										
Mich.	13,270	12.22	11,379	9.02	12,607	15.14	12,029	12.69								
Minn.	4,740		5,265		4,085		4,898			16.36		10.83				
Miss.	5,129	4.28	1,279	3.65	5,082	5.08		4.43		5.62				6.25#		
Mo.[g]	7,860	11.87	2,577	8.19	6,609	14.85	2,426	9.92		17.89		12.22				
Neb.	2,349		2,625		1,764	21.00[h]	2,070	6.00								
N.H.	2,174	9.28	1,140	6.36	2,138	10.27	1,150	6.93		10.83				11.03		
N.J.			6,413	7.55-22.41[i]			6,720	8.13-21.04[i]			7,383	8.50-21.98[i]				
N.M.	611	13.48	776	11.59	604	15.12	839	14.01								
N.Y.	77,210[j]		27,227[j]		69,948[j]		26,290[j]									
		11.30-12.40[k]		11.09		13.90-15.60[k]		14.20								
N.C.	8,507	8.47	4,712	8.63	8,159	9.21	4,750	9.42		10.62		10.99		10.88		11.60
N.D.	1,274		1,354	4.73		12.09	1,329	5.71								
Okla.		10.22	2,300		3,794	11.20[l]	2,300	11.75		11.33	2,300			14.62		
Ore.	2,293	13.07	3,032	9.37	2,130	13.30	3,030	9.60	2,131	14.57	3,093	9.90	2,154		3,097	
Pa.	34,328	9.17		15.75	29,383	12.55	11,354[m]	11.90	27,493	15.55		15.25		18.80		17.50
R.I.	2,001	13.18[n]	915	14.06	1,931	14.28[n]	950	14.13	1,935	12.90[n]		14.55				

Table 4 (continued)

	Actual								Estimate							
	1967-68				1968-69				1969-70				1970-71			
	Hospitals		Schools		Hospitals		Schools		Hospitals		Schools		Hospitals		Schools	
State	Popul.	Exp.	Popul.	Exp.	Popul.	Exp.	Popul.	Exp.	Popul.	Exp.	Popul.	Exp.	Popul.	Exp.	Popul.	Exp.
S.C.		$ 5.78	3,067			$ 6.25	3,700	$ 7.18		$ 7.51		$ 7.38		$8.87		$ 8.94
S.D.		8.17	1,099[o]	$ 4.04[o]		8.25	1,063[o]	5.73[o]		9.97						
Tenn.	7,033	6.76[p]	2,240	8.35												
Tex.	14,607	6.42	10,607	6.93	13,161	7.31	10,808	8.26[q]		7.82		NA		8.37		NA
Utah	467	16.01[r]			480	16.17[r]										
Wash.	3,110	17.29			2,804	20.12			2,439	22.97			2,074	24.46		
Wis.[s]	12,225	26.74	3,863	15.81	11,144	32.45	3,780	19.23	10,910	33.57	3,770	20.07	10,910	34.30	3,770	21.07
		8.72				10.77				12.12				13.41		
		11.03				13.59				14.90				16.10		
Wyo.			610	7.84			602	8.18								

* - Estimate
\# - Requested

-24-

a) Colorado: Population includes Fort Logan Mental Health Center (213 in 1967-68; 265 in 1968-69) and State Hospital (including about 550 mentally retarded). Per diem listed for State Hospital; for Fort Logan it is $49.13 in alcoholism division; $52.56 in adult psychiatric division; $52.81 in geriatric division; $70.51 in children's division.

b) Delaware: Increase in state hospital population due to high readmission rate following a fire which forced removal of patients; decrease in population of mental retardation institution because of emphasis on placement of younger patients in foster care. Per diem expenditure listed is for State Hospital; at Governor Bacon Health Center, it was $18.14 in 1967-68; $22.06 in 1968-69; $23.00 in 1969-70.

c) Florida: Budget.

d) Georgia: Range of per diem expenditure due to variations at several hospitals - lowest cost and charge at Central State Hospital; highest at Atlanta Regional. Cost of outpatient visits there $11.45 in 1969-70; $21.53 at Mental Retardation Center. At Mental Health Institute, cost of day or night patients $35.90, $25.75, respectively, in 1967-68 and 1968-69, and $24.25 in 1969-71; evaluation on patients not admitted, $11.75 in 1967-69 and $8.04 in 1969-71; outpatient visits,in the four years, $9.59, $17.15, $6.47, and $6.47; group therapy visits, $7.18, $11.40, $4.85 and $4.85.

e) Hawaii: Per diem is reasonable cost calculation for Medicare.

f) Kansas: Including 108 children in 1967-68 and 98 in 1968-69.

Table 4 (continued)

g) Missouri: Average daily resident population of Regional Mental Health Centers, in addition, 369 in 1967-68; 367 in 1968-69; average per diem expenditure there $54.20 in 1967-68; $55.64 in 1968-69; $60.00 in 1969-70.
h) Nebraska: Combined for inpatient care at state hospitals, Psychiatric Institute and comprehensive center.
i) New Jersey: Variations according to type of care and institution; top expenditure at Johnstone Training and Research Center.
j) New York: As of March 31.
k) New York: Ranges due to differences in cost of care for individual patients.
l) Oklahoma: Includes expenditure of $52.97 per patient at Mental Health Center (average resident population 22).
m) Pennsylvania: Including 517 at Elwyn Institute at end of 1968-69.
n) Rhode Island: Expenditure at Chapin Hospital $39.93 in 1967-68; $33.82 in 1968-69; $23.14 in 1969-70; average resident population there 60 to 70 a year.
o) South Dakota: For Redfield State Hospital and School.
p) Tennessee: Average for the three state hospitals; at Moccasin Bend Psychiatric Hospital and Tennessee Psychiatric Hospital and Institute, $30.46 and $30.84, respectively.
q) Texas: Picture distorted, because expenditure at one school was $13.44.
r) Utah: Cost varies from unit to unit.
s) Wisconsin: Per diem - line 1 - state hospitals; line 2 - county hospitals; line 3 - weighted average. In 1967-68, population included 1,570 at four state hospitals; 2,384 at Milwaukee County Mental Health Center; 8,271 at 34 county hospitals.

Table 5
Daily Fees Charged and Annual Collections (in Thousands of Dollars)
at Public Institutions for Mentally Ill and Retarded

State	1967-68 Hospitals Charge	1967-68 Hospitals Coll.	1967-68 Schools Charge	1967-68 Schools Coll.	1968-69 Hospitals Charge	1968-69 Hospitals Coll.	1968-69 Schools Charge	1968-69 Schools Coll.	1969-70 Hospitals Charge	1969-70 Hospitals Coll.	1969-70 Schools Charge	1969-70 Schools Coll.	1970-71 Hospitals Charge	1970-71 Hospitals Coll.	1970-71 Schools Charge	1970-71 Schools Coll.
Alaska					$ 295		$ 33		$36.12		$33.00[a]					
Ariz.		$ 740				1,103			11.06-33.86[b]	$1,300*				$1,500*		
Ark.				$ 198				190				4.30				
Cal.		35,409		7,736		44,103*		23,352	15.10-48.85[c]	43,689*	13.80-16.85[c]	$43,620*				
Colo.						4,107			28.00[d]							
Conn.[f]						4,360		1,711	35.00-45.00[e] 11.93-58.59		3.10					
Del.				178				194				(g)				
St.Hosp.		1,061				1,164			16.00-28.00[h]							
Gov.BaconHC		178				155			14.00							
Fla.		2,256				2,656			7.50	2,750*						
Ga.	$5.62-9.15	2,092	$ 8.72	390	$6.93-27.74	3,145	$11.79	730	8.54-35.95	2,971*	13.35[i]	1,030*	$8.54-35.95	3,206*	$13.35[i]	
MH Inst.	47.87	184			34.30	1,512			32.35				32.35			
Hawaii		285			10.50			228	10.50[j]		3.00					
Ida.				230				230				156*				$ 156*
Ill.		24,147		2,713		16,729		2,634	12.00[k]		12.00[k]					
Iowa					22.07		11.45									
Kans.						2,925		2,345	20.00-23.00[l]		13.00-22.00[l]					
Md.[m]	8.88	7,867	8.88	(m)	10.19	11,575	10.19	(m)	11.23	12,681*	11.23	(m)		13,960*		(m)
Mich.[m]	9.89	20,226	9.88	(m)	12.55	NA	11.35									
Minn.[m]						7,000		(m)	16.36[n]		10.83[n]					
Miss.		848		350		699		369	3.83	1,157*	3.33	422*		830*		450*
Mo.	8.33[o]	4,559	6.99[o]	852	11.87[o]	6,068	8.19[o]	864	14.85[o]	6,500*	9.92[o]	900*				
Regl. Centers	35.00	512			44.00[o]	756			48.00[o]	1,000*						
Neb.		1,610		541		1,610		541	13.00-40.00[p]		6.50-13.00[p]					
Nev.						300				NA 273*		1,100*		NA		1,100*
N.H.	7.25-9.00[q]	1,305	6.36	246	8.25-10.75[q]	1,316	6.93	265	9.29-12.86[q]	1,330*		250*	10.00-15.71[q]	1,375*		250*
N.J.								11,743[r]			8.50-21.98					

Table 5 (continued)

State	1967-68 Hospitals Charge	1967-68 Hospitals Coll.	1967-68 Schools Charge	1967-68 Schools Coll.	1968-69 Hospitals Charge	1968-69 Hospitals Coll.	1968-69 Schools Charge	1968-69 Schools Coll.	1969-70 Hospitals Charge	1969-70 Hospitals Coll.	1969-70 Schools Charge	1969-70 Schools Coll.	1970-71 Hospitals Charge	1970-71 Hospitals Coll.	1970-71 Schools Charge	1970-71 Schools Coll.
N.M.	$13.48	$ 169	$11.59	$ 201	$15.12	$ 183	$14.01	$ 316								
N.Y.	11.30-12.40[s]		11.09		13.90-15.60[s]		14.20									
	146,768			5,316		161,699		59,692								
N.C.	7.00	3,464	3.50	1,039	7.00	4,336	3.50	1,632	$ 7.00	$4,028*	$ 3.50	$1,579*		$4,026*		$1,585*
N.D.				314		2,921		378	12.09[t]		6.30					
Okla.		1,655				1,504			11.00[u]	1,272*	2.50			1,276*		
Ore.	13.07	2,630	9.37	952	13.30	4,332	9.60	1,169	14.57		9.90					
Pa.	9.17	33,779	15.75	13,015	12.55	41,229	11.90	20,039	15.55*	37,883*	15.25*	26,446*	$18.80*	42,926*	$17.50*	29,372*
R.I.	13.18[v]	2,056		135	14.28[v]	1,377		169	12.90[v]		8.25	162*				
S.C.		1,028		472*		1,414		600*	3.50	1,600*	3.33	560*	8.94*	1,700*		
S.D.			0.83				1.33		13.33[w]							
Tenn.	5.00	467	5.00	791												
Tex.[m]		17,800		(m)		11,165		11,575	9.42[x]		8.86[x]		9.42[x]		8.86[x]	
Utah		665			16.00[y]	733				720*				730*		
Wash.		3,017				5,139				5,590*				5,728*		
Wis.[aa]									12.73-40.32[z]							
State	26.74	2,923	15.81	13,228	32.45	2,884	19.23	20,557	33.57	2,900*	20.07	22,525*	34.30	3,000*	21.07	24,319*
County	8.72	14,129			10.77	13,184			12.12	15,180*			13.41	17,500*		
Wyo.			7.84	129			8.18	132								

* - Estimate

a) Alaska: Actually, where patients can pay anything, the amount usually is between $20 and $100 a month.

b) Arizona: Variations according to program - lowest for mentally retarded - general ($15.24 for mentally retarded-infirm); highest for psychiatric treatment of children; $11.40 for geriatric treatment ($12.73 for acute geriatric).

c) California: Variations according to program; for mentally ill: $15.10 for continuing psychiatric; $21.30 for intensive psychiatric; $19.65 for acute geriatric; $16.05 for alcoholic; $30.90 for admitting and receiving; $24.15 for children; $43.75 for medical-surgical; $48.85 for neurology; at NPI: $87.85 for children; $72.95 for adolescents; $54.00 for adults; for mentally retarded: $13.80 general; $16.50 infirm; $16.85 intensive. Full cost may be collected only from estates of mentally retarded; maximum charge to county of commitment - which may collect from parents - $40 a month; actual monthly charge $20.00.

d) Colorado: State Hospital; day care $12.00; night care $11.00.

e) Colorado: Fort Logan Mental Health Center; day care $20.00; night care $15.00.

Table 5 (continued)

f) Connecticut: Collections for state hospitals reflect $1.12 million under Title XVIII and $3.24 million under Title XIX. Charges for mentally retarded up to age 21 or for 16 years, whichever occurs sooner; for mentally ill, charge listed is to patients; variations depending on hospital ($11.93 at Fairfield Hills; $20.45 at Norwich; $21.63 at Connecticut Valley; $58.59 at Undercliff); liable relatives are charged $3.85. Medicare and Medicaid not applicable at Blue Hills Hospital ($16.00) and High Meadows ($26.00; for children). Charge at Connecticut Mental Health Center $25.00. Collections go to general fund.

g) Delaware: $10 a month if income is less than $1,000 a year; $10 additional for each additional $1,000 income.

h) Delaware: $10 for day hospital; $14 for night hospital.

i) Georgia: $43.07 at Retardation Center.

j) Hawaii: Day hospital charge half of full inpatient charge. All collections go to general fund.

k) Illinois: For patient or estate; for responsible relatives, $50 a month maximum for maximum of 12 years.

l) Kansas: For first 60 days; after 60 days, $9.00 a day for patients and $12 a week for relatives. Variations according to hospital.

m) Maryland, Michigan, Minnesota, Texas: Combined collections for mentally ill and retarded.

n) Minnesota: $8.18 for day care for mentally ill. Parents liable to county for 10 percent of cost of care for mentally retarded, up to age 18.

o) Missouri: Charge for day or night hospital - for mentally ill, $5.56 in 1967-68; $7.92 in 1968-69; $9.90 in 1969-70; for mentally retarded, $4.66; $5.46; and $6.62, respectively. Charge at Regional Centers, $30 in 1968-69; $32 in 1969-70.

p) Nebraska: Charges for mentally ill - $13 for vocational rehabilitation; $14 for chronic active; $16 for chronic intensive; $18 for alcoholic; $20 for psychiatric intensive; $25 for maximum security; $27 for medical and surgical infirmed; $31 for medical and surgical intensive; $40 for children and adolescents; for mentally retarded - $6.50 general; $7.00 intensive; $7.50 vocational rehabilitation; $13 infirm.

q) New Hampshire: Higher amount charged on admission units.

r) New Jersey: Over $11 million from counties.

s) New York: Variations according to treatment program for individual patient.

t) North Dakota: $6.05 for day or night care.

u) Oklahoma: $8.00 for outpatient care.

v) Rhode Island: Charge the same as expenditure, also at Chapin Hospital.

w) South Dakota: For first month; subsequently, $9.97 a day. For indigent patients county pays $50 a month.

x) Texas: Listed are charges to patients; charge to parents of mentally retarded under 21 and of mentally ill, $5.66 maximum; maximum charged if gross family income is $18,000 a year or more in case of mentally ill and $20,000 a year or more in case of mentally retarded. Maximum charge at Research Institute is $15 a day.

y) Utah: Average. Charges based on cost.

z) Washington: Variations according to cost, depending on classification of illness, type and intensity of treatment, etc.

aa) Wisconsin: Collections reflected in "private" in Tables 2 and 5; a large portion constitutes reimbursement under Medicare and Medicaid. Charges for minors limited to $60 a month unless covered by insurance or Medicaid.

Table 5 (continued)

Additional Comments Regarding Collections

Alaska: All reimbursements go to general fund. No Medicare or Medicaid. Approximately 60 percent of collections for mentally retarded from Social Security, and $3,000 from an estate.

Arizona: All collections revert to general fund. No Medicaid. Collections from Medicare for mentally ill estimated at $200,000 a year.

California: In 1967-68, 43 percent of collections from Medical; 9 percent from Medicare; 15 percent from insurance; 8 percent from counties; 1 percent VA, among others.

Colorado: All collections go to general fund; they include: MAA $1,630,809; Medicare $266,267; estates $324,722; Social Security $315,096; insurance $168,230; patients and relatives $286,085; CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) $117,540.

Delaware: All collections go to general fund. No Medicaid. Collections at State Hospital in 1968-69 include $176,863 from Medicare; $338,014 from patients, families and estates; $649,621 from private insurance and VA; at Governor Bacon Health Center, $49,261 from patients, families and estates and $105,539 from private insurance and VA. Of collections for mentally retarded, about half from patients, families and estates and half from private insurance and VA.

Georgia: All fees go to mental health facility as part of appropriation - allow for additional staff.

Collections include:	1967-68	1968-69	1969-70	1970-71
Mental Health Institute - from patients	$135,806	$635,641		
Medicare		875,931		
Priv. insurance & VA	30,421			
Other institutions - from patients - mentally ill	792,223	950,836	$837,500	$811,000
mentally retarded	257,318	336,017	310,000	
Medicare - mentally ill		875,932	700,000	784,000
Priv. insur. & VA - mentally ill	714,836	954,747	1,193,000	1,209,900
mentally retarded	81,541			
Medicaid - mentally ill			100,000	100,000
mentally retarded		393,486	720,000	

Hawaii: Collections for mentally retarded - $62,272 from patients, families and estates; $45,246 from CHAMPUS; $62,304 Social Security; $58,373 from Governments of Guam and American Samoa.

Idaho: From Medicare - into general fund - 1967-69 $7,664; 1969-71 $12,000.

Table 5 (continued)

			1967-68	1968-69	1969-70	1970-71
Illinois:	From patients, families and estates	- mentally ill	$9,572,187	$9,159,707		
		mentally retarded	2,097,228	2,269,792		
	Private Insurance & VA	- mentally ill	622,239	522,419		
		mentally retarded	200,142	110,932		
	Medicare	- mentally ill	330,772	1,307,503		
		mentally retarded	11,678	17,546		
	Medicaid#	- mentally ill	13,621,323	5,739,064		
		mentally retarded	404,242	235,371		
	# - Reported only amounts deposited in Mental Health Fund, not additional amounts deposited in general fund.					
Kansas:	Federal share of Title XIX appropriated to institutions, making possible expansion of programs.					
	Medicare	- mentally ill		310,515		
		mentally retarded		31,957		
	Medicaid	- mentally ill		798,827		
		mentally retarded		1,485,691		
	Insurance	- mentally ill		814,552		
		mentally retarded		165,925		
	VA and Social Security	- mentally ill		246,818		
		mentally retarded		330,787		
Maryland:	From Medicare	- mentally ill and retarded	616,822	950,825	$1,006,000	$1,260,000
	Medicaid	- mentally ill and retarded	2,674,887	5,334,260	5,500,000	6,000,000
Michigan:	All collections go into general fund.					
	From Medicare	- mentally ill and retarded		244,000		
	Medicaid	- mentally ill and retarded	4,167,000	5,300,000		
	Patients, families, estates and insurance		6,274,704			
Minnesota:	All collections go to general fund; but Legislature has taken this into account and allowed for additional staff. Mentally retarded eligible for Medicaid starting January, 1970.					
	From Medicare	- mentally ill and retarded		500,000		
	Medicaid	- mentally ill		2,700,000		
	Patients, insurance & VA	- mentally ill and retarded		3,800,000		
Mississippi:	All collections deposited in State Treasury and appropriated for partial support of hospitals.					
Missouri:	Medicare and Medicaid payments go directly to institutions for program improvement - over and above state appropriations; other collections go to general fund.					
	From Medicare	- mentally ill	450,384	223,024		
	Medicaid	- mentally ill	273,688	2,573,760		
	Patients, families, insur.&VA	- mentally ill	3,207,278	2,727,630		
	Counties	- mentally ill	627,329	573,211		

Table 5 (continued)

			1967-68	1968-69	1969-70	1970-71
Nebraska:	Collections are distributed to individual facilities as part of general appropriation.					
	From Medicare	- mentally ill (2 years)	$ 50,000		$ 50,000	
	Medicaid	- mentally ill (2 years)	504,470		400,000	
		mentally ret.(2 years)			1,200,000	
Nevada:	Collections are included in State Hospital finances.					
	From pay patients		200,000	$ 75,000		
	Medicare		100,000	198,000		
New Hampshire:	From Medicare	- mentally ill	40,108	64,572	80,000	$100,000
New Jersey:	All collections go to general fund.					
New Mexico:	Collections go to general fund; are included in institutional budgets.					
	From patients and families	- mentally ill	2,725	2,900		
		mentally retarded	174,295	280,101		
	Social Security	- mentally ill	67,664	72,109		
		mentally retarded	26,500	35,412		
	USPHS	- mentally ill Indians	89,604	98,033		
	VA	- mentally ill	4,725	5,037		
	Private insurance	- mentally ill	4,632	4,936		
New York:	From Medicare	- mentally ill	5,217,494	8,295,037		
		mentally retarded	22,571	31,286		
	Medicaid	- mentally ill	105,314,142	116,247,824		
		mentally retarded	53,802	53,226,004		
	Other federal	- mentally ill	42,827	119,527		
		mentally retarded	19,874	165,686		
	Patient assets	- mentally ill	26,139,497	28,237,547		
		mentally retarded	2,650,595	3,483,624		
	Patients direct or insurance	- mentally ill	4,725,771	4,951,686		
		mentally retarded	1,017,240	1,472,806		
	Liable relatives	- mentally ill	1,606,962	1,498,374		
		mentally retarded	465,222	555,100		
North Carolina:	Collections 1969 under Title XVI; starting 1970, under Title XIX.					
	From Medicaid - approximately					981,000
	Medicare - approximately					450,000

Table 5 (continued)

		1967-68	1968-69	1969-70	1970-71
North Dakota: Collections go to general fund.					
From Medicare	- mentally ill		$121,000		
Medicaid	- mentally ill		1,160,000		
Families, patients and estates	- mentally ill		1,324,551		
	mentally ret.	$ 99,989	92,563		
Private insurance and VA	- mentally ill		315,000		
Federal sources, incl. Indian Bureau, Social Security, VA, RR	- mentally ret.	214,420	285,219		
Oklahoma: No Medicaid for mentally ill; claimed for eligible mentally retarded; used for maintaining comparable services at the three schools and to assist in providing adequate contractual care for pre-school and adult mentally retarded in other facilities. Collections for mentally ill go into institution's revolving fund; contribute great part of operating budget.					
From Medicare	- mentally ill	302,643	381,382	$371,500	$371,500
Patients, families, estates, insurance	- mentally ill	1,148,602	921,955	698,500	702,500
VA	- mentally ill	204,002	201,100	201,500	201,500
Oregon: Collections made from Medicare and Medicaid. All collections go to general fund.					
Pennsylvania: Collections go to general fund and are part of appropriations to all facilities, except Medicare remains in general fund. Medicaid used for special purposes such as research, training, support of specific other programs.					
From Medicaid	- mentally ill	18,703,173	23,660,172	18,557,305	21,668,480
	mentally ret.	9,358,141	15,838,980	21,825,974	24,290,067
Rhode Island: Collections go to general fund.					
From Medicare	- mentally ill	1,377,129	214,930		
Blue Cross	- mentally ill	205,859	600,465		
South Carolina: Medicaid collections are used for operational purposes; of Medicare collections, a fixed amount goes for program support; the balance is retained in a special account for special projects.					
From Medicare and Medicaid	- mentally ill	132,756	241,500	252,000	260,000
Patients, families and estates	- mentally ill	794,837	1,030,743	1,183,000	1,260,000
Private insurance and VA	- mentally ill	100,261	141,794	165,000	180,000
Texas: From Medicaid	- mentally ill		6,480,189		
	mentally retarded		8,804,551		
All collections go to general fund.					
Utah: Medicare and Medicaid collections go to general fund; estimated as part of budget and considered part of total budget; not used for any special purposes.					
From Medicare	- mentally ill	35,220	48,400	60,000	45,000
Medicaid	- mentally ill	263,437	294,700	300,000	300,000
Washington: From Medicare (2 years)	- mentally ill	1,273,104			
Medicaid (2 years)	- mentally ill	3,358,213			

Table 6

Capital Outlay for Public Institutions for Mentally Ill and Retarded (In Thousands of Dollars)
(for explanatory comments, please see below)

	1967-68		1968-69		1969-70		1970-71	
State	Hospitals	Schools	Hospitals	Schools	Hospitals	Schools	Hospitals	Schools
Alaska			$ 63			$ 286		
Ariz.	$ 180		24		$ 419		$ 3,652*	
Ark.		$ 2,357		$ 1,211				
Cal.	3,063	799	2,583	2,321	1,956	516		
Colo.	229		213		126**		5,947*	
Conn.	6,921[a]		MR centers:	274	4,987[a]			
			MR hosps.:	536				
Del. (see text)								
Fla.					834			
Ga.					460			$ 1,636*
Hawaii	311	177	955	699	1,098	397		
Ill.	65,000[a,b]	20,000[a,b]						
Kans.	1,317	1,653	564	401	2,337**	5,229**	4,073*	2,773*
Md.					3,526	2,122	11,595*	9,836*
M.H.&Ret.Center					$836		$1,000	
Mich.	2,443	3,774	4,982	3,210	1,145	805		
Minn.	2,217[a,d]	971[a,d]			4,192[a]	1,175[a]		
Miss.	225	247	105	-	329	414	350*	866*
Mo.	2,863	1,467	6,096	1,003	12,517	3,458		
Mont. (see text)								
Neb.					1,710[a]	1,414[a]		
Nev. (see text)								
N.H.		480			850			
N.J. (see text)								
N.M.			100					
N.Y. (see text)								
N.C.	8,825[a]	3,583[a]			7,624[a]	2,664[a]		
N.D.	1,050[a]	350		330	260			
Okla.	6,500[a]							
Ore.	283[a]	279[a]			709[a]	622[a]		
Pa.	49,067[a]	44,141[a]			9,136[c]	28,551[c]	22,737[c]	
S.C.		5,000	1,740[a]	200		140	2,500**	
Tenn.	955	217						
Tex. (see text)								
Wash.	105	337	750	1,304	406**	2,897**	1,201**	8,657**
Wis.	838	2,468	912	2,020	711	1,824	875	2,022
Wyo.		51				197		

* - Requested
** - Estimate
a) For biennium
b) Approximately
c) Pending approval
d) Appropriation

Table 6 (continued)

Alaska: MI - Interior modifications made by employed staff to establish minimum security unit; materials charged to operating expenditures.
MR - For rehabilitation and school building for occupational and rehabilitation therapy and classrooms.

Ariz.: MI - For 1970-71 includes $3 million for a medico-legal facility (maximum security hospital) and $341,050 for alterations of medical services and admission centers.

Ark.: MR - Plus $1.376 million federal funds in 1967-68 and $343,130 in 1968-69. Expenditures mostly for construction of Arkadelphia Unit and some renovation of McRae Unit.

Cal.: Funds listed are mainly for remodeling, minor construction and construction to replace existing capacity.
MI - Includes remodeling at Napa State Hospital to establish a 500-bed unit for a special program for care of mentally retarded.
MR - In October 1969, a Mental Retardation Center for research, training and treatment was dedicated at Neuropsychiatric Institute, UCLA.

Colo.: MI - Cottage at Fort Logan Mental Health Center remodeled for adolescent program. Fourth children's cottage to be constructed at State Hospital (partly financed from federal funds under P.L.88-164). Two buildings at State Hospital remodeled with federal participation under P.L.88-164, since State Hospital participates in community mental health program.

Conn.: MI - 1967-68 includes $6 million for Hartford Mental Health Center (State negotiating with city for land); $335,000 for High Meadows diningroom (supplementary appropriation needed); $260,000 for intensive treatment building, but the money will be used for recreational facilities at High Meadows; $230,000 supplementary appropriation for the Security Treatment Center (construction completed late in 1969); $96,000 for construction of another unit at summer camp.
1968-69 - $0.8 million supplementary for Bridgeport Mental Health Center (construction under way); some $2 million for school, activity and recreation facilities, and close to $2 million for additional residential cottages of children's unit at Connecticut Valley Hospital; $100,000 for planning expansion of Blue Hills Hospital for educational program, day and night care.
MR - Camp site acquired for Mansfield Training School.

Del.: MI - Construction of Terry Children's Psychiatric Hospital at cost of $1.75 million in federal and state funds. To serve 60 inpatients and 25 in day care - for severely and acutely disturbed.

Georgia: MI - $0.3 million for Central State and $160,000 for South Western State Hospitals.
MR - For air-conditioning.

Hawaii: MI - 1967-70 includes $469,000 for remodeling two wards and one building;
1968-70 $1,232,000 for an adolescent unit. In addition, $0.818 million appropriation for a comprehensive center.
MR - 1967-68 $177,000 for remodeling of three wards and a hospital annex.
1968-69 $208,000 for an 84-bed ward. 1969-70 $198,000 for remodeling a building.

Ill.: MI - Approximately $2 million for completion of children's units at Galesburg State Research Hospital and Tinley Park Mental Health Center; approximately $9 million for completion of medical-surgical buildings at Chicago State, Alton and East Moline Hospitals; approximately $1 million for completion of six zone centers.
MR - Approximately $4 million for completion of medical-surgical building, $3 million for modernization of six patient residential units, $0.5 million for beginning construction of a patient services building and a therapy classroom building as well as $1 million for completion of activity center building at Dixon

Table 6 (continued)

Ill.: (cont.) MR (cont.) - State School; $0.8 million for a new school building at Lincoln State School; $2 million for completion of Bowen Children's Center; $0.35 million for complete plans for a new residential institution for mentally retarded. Construction approval received for six additional institutions - total estimated expenditure $63 million. In connection with construction of twelve facilities receiving federal support, $177,312 in state funds allocated for 1969-70.

Kans.: MI - 1967-68 includes $692,168 for a Rehabilitation Center at Larned State Hospital. 1969-70 includes $1.25 million for construction and equipment of a 100-bed treatment unit at Osawatomie State Hospital and $0.44 million estimated expenditure out of an allocation of $0.866 million for a unit of Osawatomie State Hospital at Kansas City. In addition, over $0.5 million federal funds allocated for this unit.

MR - 1967-68 includes $136,819 for a research building at Parsons (in addition, $294,836 federal funds), completed in 1969; $898,681 for a 100-patient housing unit at Kansas Neurological Institute.
1969-70 includes $1.8 million for a treatment and rehabilitation center at Winfield State Hospital and Training Center; $1.25 million for another treatment unit at KNI, including office facilities; $1 million for remodeling and equipment of two buildings at Norton State Hospital; $326,000 for a clinical treatment and training center at Parsons (plus $0.77 million federal funds). Federal construction and staffing funds provided for two centers.

Maryland: MI - 1969-70 includes $1.6 million for state hospitals; $10,000 ward unit for the Psychiatric Research Institute; $1.85 million for Regional Institute for Children and Adolescents.
1970-71 request includes $11 million for state hospitals - $2 million for a 189-bed diagnostic intensive treatment building at Spring Grove; $1.2 million for a 50-bed addition to the medical-surgical building at Eastern Shore; $2.3 million for a new geriatric building at Crownsville; and $1.7 million for the second phase of construction of a geriatrics building at Springfield.

MR - 1969-70 includes $1.7 million for institutions for mentally retarded - $0.9 million for a school building and $0.6 million for a speech and hearing center at Rosewood - and $130,000 for regional retardation centers.
1970-71 includes $5 million for institutions and $4.8 million for retardation centers. $0.376 million federal center construction funds for 1967-69.

Miss.: MR - Presently under construction are a 170-bed dormitory for emotionally disturbed boys and men and a recreation center to serve all patients.

Mo.: MI - Includes -

1967-68	$175,211; 1968-69 $613,474; 1969-70	$ 39,612	for regional mental health centers;
	$ 62,724	502,042	3,509,700 for children;
	$1,248,977	193,953	-- for maximum security;
	$116,000	976,000	1,371,000 for Inst. of Psychiatry.
MR - Includes	$1,173,979	121,061	736,936 for regl. diagn.clinics.

Mont.: MR - In 1969, a 150-bed facility nearing completion at Boulder River School and Hospital, to house non-ambulatory mentally retarded children now housed at State Hospital. Also, a facility for 40 moderately retarded is being constructed with state and federal funds in the eastern part of the State, to include day care, sheltered workshop and other services.

Table 6 (continued)

Neb.: MI - For a new medical-surgical building at Lincoln State Hospital.
State funds for mental health center construction: 1967-69 $152,012;
1969-71 $189,625.
MR - Includes $691,000 for a new kitchen at Beatrice State Home. Legal interpretation pending on $638,000 for an activities building and $85,000 for air-conditioning ward areas at Beatrice.

Nev.: MI - $1.5 million federal and state funds for comprehensive center, under construction.
MR - 30-bed cottages under construction in connection with establishment of group facilities for retarded in Reno and Las Vegas; to be completed some time in 1971.

N.H.: MI - A 28-bed children's center will open at the State Hospital in September 1970.
State matching of capital expenditures for community mental health services authorized in 1969.
MR - An 80-bed intensive treatment center opened at Laconia in September 1969.

N.J.: MR - Hunterdon State School, designed to accommodate 834, accepted its first patients in April 1969. Total construction cost $18,570,000.
Opening of Somerset State School, to accommodate 500, projected for latter part of 1971; projected cost $13,795,000.

N.M.: Construction of Bernadillo comprehensive mental health and retardation center financed from $1.4 million bond issue and matching federal funds.

N.Y.: The Mental Hygiene Facilities Construction Program has 1,407 projects completed or under construction or design - total value $568,212,787 - including 92 new facilities with a value of $0.5 million or more each.
MI - 6 new hospitals in program preparation and design; also 7 children's psychiatric hospitals and 10 rehabilitation centers at existing hospitals.
MR - 2 schools under construction; 6 in planning stage.
Since 1968-69, $12.9 million federal construction aid for mental health centers, and between 1965 and 1968, $3.4 million allotted for mental retardation centers. State matches expenditures for center construction.

N.C.: MI - For 1969-71 includes $885,000 for a therapeutic Center at Cherry Hospital.
MR - For 1969-71 includes $615,000 for construction of infants' treatment unit at Western Carolina Center.
MI&MR - $2.35 million for air-conditioning and $5 million for renovation and additions to existing buildings.
State contributes 22 percent of construction cost of comprehensive centers, up to $100,000 per project (for mental health centers, $599,000 in 1967-69; $789,000 in 1969-71; for mental retardation centers, $500,000 in 1969-71).

N.D.: MI - 1967-69 for adolescent treatment center.
1969-71 includes $75,000 for equipment for adolescent center.
MR - 1967-68, school auditorium; 1968-69, laundry building.

Okla.: MI - $6.5 million made available from bond issue - $2.7 million for Griffin Memorial Hospital; $1.8 million for Eastern State Hospital; $1.3 million for Western State Hospital; $690,000 for Taft State Hospital.
For construction of comprehensive centers - $1.244 million state; $1.231 million federal.

Ore.: MR - Capital outlay budget for 1969-71 includes $10,000 for planning an intensive care cottage at Fairview Hospital and Training Center.
Federal funds authorized for construction of community facilities in three locations.

Table 6 (continued)

Penna: MI&MR - Between 1967 and 1970, State has contributed approximately $1.5 million toward construction of comprehensive centers for mentally ill; through June 30, 1969, $0.678 million toward construction of centers for retarded. Federal funds approved between 1967 and 1970 - $6.2 million for construction and $16.1 million for staffing.

MR - New 500-bed facility to be built on grounds adjacent to Philadelphia State Hospital. Existing facilities and equipment at Pennhurst State School and Hospital improved at cost of $0.75 million. Construction under way of 300-bed building for hyperactive residents. Addition of 288 beds in planning stage, also an admission-therapy-research building of 100 beds and activities center-gymnasium.

S.C.: MI - State contributed $1.74 million for two long-term care units for not overly psychotic patients in need of some mental and medical care, the first to be opened 1/1/70; in addition, $1.32 million Hill-Burton funds and $0.77 million VA, as 115 beds of the second unit will serve veteran nursing patients.

MR - Summerville Center just completed at $5 million basic construction cost; 30-bed infirmary completed at Pineland Center at approximate cost of $0.2 million in state funds. Physical-medicine building under construction at Pineland, with $140,000 state and $210,000 Hill-Burton funds.

Tenn.: MI - A treatment facility for disturbed adolescents was to be established, as a unit of Moccasin Bend Psychiatric Hospital, in a former private TB sanatorium donated to the State.

MR - Recent additions at Greene Valley Hospital and School include two new children's units, a $3 million medical-surgical complex and a $1 million vocational-rehabilitational-educational center; at Clover Bottom Hospital and School, a $340,000 diagnostic-evaluation-day care center and a $800,000 dietary and supply building. The $11 million, 688-bed Arlington Hospital and School was opened in 1969; its neighborhood village design is based on the cottage life program concept.

Tex.: MI - Since September 1965, $7.7 million (including $815,000 federal and other funds)- including $2.9 million for 400 beds at Vernon State Center; almost $1.2 million for rehabilitation facilities at Austin and Kerrville State Hospitals; and $3.6 million for 600 beds at San Antonio State Hospital.

MR - Since September 1965, $25.8 million (including $6.7 million federal and other funds) - including $5 million for 340 beds for Corpus Christi State School; $5.3 million for 500 beds at Lubbock State School; $5 million for 1,200 bed expansion at Lufkin State School; $7.5 million for 506 beds at Richmond State School; approximately $0.6 million each for two Centers for Human Development; and $1.8 million for training and recreational facilities at Austin, Mexia, Travis and Abilene State Schools.

Wash.: MI - 1969-70, $537,909; 1970-71, $566,520 state appropriations for construction of community mental health centers.

MR - 1969-70, $171,743; 1970-71, $171,740 state appropriations for construction of mental retardation centers.
New construction at Fircrest State School in first phase of providing 120 six-bed living units to replace less adequate frame residential units.

Wis.: MI - In addition, $2.3 million, $0.6 million, $5.21 million, and $18.49 million in the four years covered, respectively, in county funds for two new county hospitals and an addition to an existing one.

Table 6 (continued)

Wis.: (cont.)	MI -	County funds for center construction $0.92 million, $0.975 million, $1.5 million and $4.5 million, respectively, including a $4.3 million day hospital and clinic for about 200 as part of comprehensive Milwaukee County Mental Health Center, serving six catchment areas and including psychiatric outpatient departments of three general hospitals and a specialized hospital in that city. $1.7 million contributed in federal funds. $6.5 million local funds to be used for an adolescent treatment center as part of Milwaukee Center.
	MR -	Including $2.025 million for a food service building at Southern Wisconsin Colony. Between 1967 and 1971, close to $1 million federal funds toward construction of Kenosha Achievement Center and Walworth Special School and Curative Workshop, Milwaukee; $90,000 county and almost $1.4 million private funds.
Wyo.:	MR -	Plus $146,000 federal funds, for a Vocational Training Center, canteen with four living units, and two dormitories for 20 each, with home-type living arrangement, as replacement for an older cottage.

Table 7

DAY CARE CENTERS FOR MENTALLY RETARDED

ALABAMA

In 1965, approximately twenty centers, financed by state and local funds.

ARIZONA

1967 legislation authorized establishment of mental retardation centers throughout the State; they must provide outpatient services for those ineligible for a public school program. Funds appropriated for beginning construction of a first such center in Tucson; plans include provision for a day care center.

CALIFORNIA

1965 legislation provided $375,000 supplemental appropriation to Department of Education for support of up to eight child care centers (development centers for physically handicapped and mentally retarded, aged 3 to 21, who do not qualify for public school special education programs), to be established by school districts. By 1967, fourteen such centers served 527 children. 1967 legislation increased level of state support for such centers and transportation allowance; abolished requirement of fee payments by parents; authorized levy of a county tax for support of such centers; and appropriated $2.2 million for the program.

According to 1967 information, there were 43 licensed day care centers in State.

COLORADO

In 1967, 22 centers, financed by state (up to 60 percent) and local funds, served approximately 1,200 mentally retarded and seriously handicapped persons of all ages. This education and training program has been growing by about 300 a year since inception in 1964-65, when state support was $200,000; in 1967-68, $700,000. Local boards purchase services from appropriate resources where available; provide them directly where not otherwise available.

CONNECTICUT

Day care included in variety of services of small regional centers - eleven in operation in 1969 to varying extent. Day care also provided by existing community agencies which receive state grants-in-aid up to two-thirds of operating expenditures.

DELAWARE

In 1969, ten day care centers serving 170 mentally retarded, at cost, in 1967-68, of $236,206 (all but $1,193 state funds). Per diem in 1966-67 $6.28; in 1967-68, $7.41.

GEORGIA

1966 legislation authorizes purchase of day care from privately operated facilities which follow state guide lines and standards and are approved by the Health Department. For 1969-70, $140,000 allotted for services in 42 centers, at $1.37 per day and person. In addition, $60,000 for approximately 50 percent of cost of training programs for mentally retarded not eligible for services through local education departments in four centers operated by local health departments. In January 1969, centers employed 170 full-time and 40 part-time personnel serving 180 mildly retarded, 410 moderately retarded, 310 severely retarded, and 100 profoundly retarded. Of these, 70 in age group up to 5 years; 720, 6 to 17 years; 210, 18 years and over.

Table 7 (continued)

HAWAII

Day care centers for mentally retarded children operated by a special education center of a hospital and the Hawaii Association to Help Retarded Children. Per capita cost paid from $261,000 appropriation (in 1969) to Children's Health Services Division.

ILLINOIS

In 1968-69, 58 day care centers for mentally retarded; in 1969-70, 71 receiving state support (approximately 30 percent), amounting to $1.9 million and $4.4 million, respectively, the latter including $1 million for centers in impoverished areas where no local matching is anticipated. Appropriation for 1965-67 was $1.8 million for 34 centers.

INDIANA

In 1965, 23 day care centers - increase of eight over the 1963-65 biennium - providing variety of programs. State support $259,000 for 1963-65; $500,000 for 1965-67.

IOWA

In 1965, nineteen centers serving 434 children were financed 75 percent by county tax funds and 25 percent by private funds.

KANSAS

In 1968-69, 22 privately run day care centers served approximately 432 handicapped children; ten newly established since then; state support (approximately 30 percent of operating costs of the centers) initially $23,000, in 1967-68; $100,000 for 1969-70. There also are 22 community-sponsored activity, work-activity and sheltered workshop type programs for adult handicapped.

KENTUCKY

In 1966-67, fifteen day care training centers established for mentally retarded; state matching up to 50 percent under Community Mental Health Services Act. State also supports establishment and operation of sheltered workshops for retarded - six activated in 1966-67, with $100,000 state support; another five were to be established in 1967-68; state support that year $125,000. Total federal, state and local cost for 1967-69 biennium estimated at $974,000.

MAINE

In 1966-67, $33,133 allocated for support of a day care center for retarded.

MARYLAND

Day care center program for mentally retarded not able to benefit from special education programs in school system started in 1961, under auspices of division of community services for mentally retarded, Department of Health. In 1967-68, 32 centers serving 667; in 1969-70, estimate 34 centers for 974, expected to increase to 1,112 in 1970-71. Expenditures, in equal amounts from state and local sources, $400,525 in 1967-68; $1.5 million in 1970-71.

MASSACHUSETTS

In 1966, 33 clinics provided 35 pre-school nursery classes for mentally retarded. Two clinics were operating day care centers (workshops) for young mentally retarded adults.

Table 7 (continued)

MICHIGAN

Department of Mental Health authorized to establish day care centers in 1963. In 1969, 42 centers in operation, serving 1,014 children and teens, and four centers, serving 115 adults 21 and up, with IQ 30 and below. 1969-70 state allotment $2.6 million. Meals and incidentals provided by local sponsoring agencies.

MINNESOTA

Day-time activities centers established on basis of 1961 legislation. In 1969, 78 centers serving 1,085 retarded, mostly pre-school; others age 16 and over. From state appropriation of $36,000 in 1961 up to $1.8 million for 1969-71 - constituting up to 50 percent matching of local funds, mostly county tax money (local tax levy authorized for these programs). By 1969 legislation, school districts authorized to transport children to licensed day-time activity centers; state reimbursement as for retarded in school system.

MISSOURI

In 1969, eight regional diagnostic clinics for mentally retarded in operation, a ninth under construction; all have or will have, among other programs, day care services.

MONTANA

Day care centers, licensed by Department of Public Welfare, care for about 2,000 children, including a minimal number of retarded and about 10 percent emotionally disturbed. State funding up from $8,282 in 1967-68 to $151,200 in 1970-71.

NEBRASKA

Four pilot day care centers initiated in 1967-69, serving a total of 54 children, with $50,000 appropriation calling for establishment of such centers. Also, a comprehensive community mental health and retardation center was to include a day care program for retarded.

NEW HAMPSHIRE

Three day care centers for a total of 104 mentally retarded children financed from $130,000 in federal and local funds.

NEW JERSEY

Since 1963, State has supported privately operated centers; since 1967-68, total operating cost carried by State, serving 293 in 1968-69 and an estimated 320 in 1969-70. State also has established nine new centers, serving 201 in 1968-69 and an estimated 230 in 1969-70; another five centers under construction in 1969 were to be completed early in 1971. State expenditure for all these centers up from $0.6 million in 1967-68 to $1.2 million in 1969-70. Since beginning of program, 680 children admitted; of these, 170 developed sufficient skills to be admitted to public schools.

NEW YORK

In 1965, 41 facilities provided day care for mentally retarded -- 13 for trainable only, two for educable only, the other 26 for both categories, serving a total of 1,696 individuals. Thirty additional centers were proposed. Centers, operated directly by or under contract with community mental health boards, receive state aid. As of September 1967, 49 day training centers and sheltered workshops for retarded were approved for such aid.

Table 7 (continued)

NORTH CAROLINA

In 1969, 32 day care centers, non-state operated, served 235 moderatly and severely retarded. State grant-in-aid is $40 per month and child; additional support from organizations and civic groups in community. Centers must meet minimum standards and be licensed by State. A few provide services for non-ambulatory; most provide a variety of services, including counseling to parents.

NORTH DAKOTA

Of nine licensed day care centers in State in 1968-69, six for normal children, three for a total of 44 trainable retarded. Number of centers was anticipated to increase to fifteen in 1969-70. Mostly funded by local contributions; one also receives county funds; two, federal funds (OEO); one operated by a county welfare board; one by Association for Retarded Children.

OHIO

1965 legislation eliminated age limit of 21 for training mentally retarded in sheltered workshops, supported by Department of Mental Hygiene and Correction. By 1967 legislation, creation of a county board of mental retardation in each county, responsible for county and community programs for training mentally retarded children and adults. School boards permitted to cooperate on facilities and programs.

OKLAHOMA

Close to $300,000 in federal funds available in 1967-68 covered half the cost for establishment of a day care center and training center for retarded.

PENNSYLVANIA

In addition to funds for support of workshops, State provided $150,000 in 1967-68, $400,000 in 1968-69 for day care centers for retarded. In 1967, 62 licensed centers served 1,290 individuals.

PUERTO RICO

Federally financed day care center for mentally retarded children started in 1963 as pilot project for 20 by Bureau of Child Welfare; served 37 in 1964-65. Some parents are charged a fee, according to ability to pay.

RHODE ISLAND

State support for day care activity centers for mentally retarded children first authorized in 1966-67, with $240,100 appropriation; up to $494,500 in 1969-70, covering about 50 percent of operating cost; remainder financed from local tax and private or United Fund monies. In 1968-69, 476 served by eight centers. Support based on unit system -- units of child development (five trainees each); day activities (seven trainees); vocational activities (ten trainees). Base units, first and second, of child development receive $8,250; additional units $4,000, except $6,000 for fifth. All day activities units receive $4,000. For base unit for vocational activities $12,700; for second, $4,500; third, $6,000; each additional unit, $4,500.

SOUTH CAROLINA

In 1965, ten day care centers operated under auspices of local chapters of State Association for Retarded Children.

Table 7 (continued)

SOUTH DAKOTA

According to 1967 information, four sheltered workshops, sponsored by State Association for Mentally Retarded, aided by state and local funds.

TEXAS

Two Centers for Human Development established as demonstration projects to provide complete day care services for mentally retarded.

UTAH

Day care centers for mentally retarded, formerly under Welfare Department, now responsibility of Board of Education.

VIRGINIA

According to 1967 information, many localities, through local governmental or private agencies, provide day care services for retarded.

WASHINGTON

State support for day care centers for mentally retarded - 29 in 1966-67; 38 in 1969 - up from $121,286 in 1967-68 to an estimated $578,000 in 1970-71. Requests must be channelled through county mental retardation boards.

WISCONSIN

Day care centers operated with state support, up from 50 in 1965 to 85 in 1969 (75 percent for mentally retarded; 25 percent for mentally ill), provide pre-school nursery programs for severely mentally retarded, day care for emotionally disturbed children, day hospitals for mentally ill adults, and extended personal development and employment programs for post-school age mentally handicapped in sheltered workshops. Of the 85 centers, 44 also receive county support. They serve approximately 2,800 persons at one time. State expenditures up from $0.785 million in 1967-68 to close to $1 million in 1969-70 and 1970-71. County expenditure up from $61,499 in 1967-68 to $175,000 in 1969-70 and 1970-71.

WYOMING

In 1969, ten day training centers for mentally retarded, including one on an Indian Reservation, sponsored by local chapters of Association for Retarded Children or other nonprofit organizations; funds raised locally, in some instances including United Fund support.

Table 8

SPECIAL EDUCATION UNDER AUSPICES OF STATE DEPARTMENTS OF EDUCATION

State		Number of Pupils, Teachers or Classes						State Reimbursement (in Thousands)					
		Educable		Trainable		Em. Disturbed		Educable		Trainable		Em. Disturbed	
		1967-68	1969-70	1967-68	1969-70	1967-68	1969-70	1967-68	1969-70	1967-68	1969-70	1967-68	1969-70
Colo.[a]	P.	6,378	7,532*	2,801[b]	3,200[b]*			$1,352	$1,891*	$ 401[b]	$ 730[b]*		
	T.	431	538*	134	208*								
Conn.	P.		7,000[c]		(c)	(d)						(d)	
	Cl.	570[c]	600[c]	(c)	(c)	(d)						(d)	
Del.[e]	P.	2,160		522		683		(e)		(e)		(e)	
Fla.[f]	P.	15,246	18,523	1,857	2,272	3,199	1,822	(f)	(f)	(f)	(f)	(f)	(f)
	Cl.	866	1,105	161	175	133	109						
Ga.[g]	P.		14,904		596		788						
	T.		894		54		31						
Guam[h]	P.		441		125								
Ida.[i]	P.		1,502		45				856[i]		(i)		
	Cl.		112		4								
Ill.	P.	21,941		2,678		16,091[j]		9,741[j]		(j)		(j)	
	Cl.	1,614		233		798[j]							
Iowa[k]	P.	6,956	7,937	1,090	1,177	150	166	858	780	199	178	$ 19	$ 21
	Cl.	558	657	111	124	18	20						
Ky.	P.	7,610	9,360	861	654	10	84	3,000[l]	6,500[l]	(l)	(l)	(l)	(l)
	Cl.	381	623	71	109	1	14						
La.[m]	P.		6,553		708		450		3,000[m]		(m)		(m)
	Cl.		546		64		32						
Mass.	P.	12,630		1,966		3,059[n]		13,200[n]		(n)		(n)	
	Cl.	958		188									
Miss.	P.		3,135[o]		210[o]		8[o]		600[o]		(o)		(o)
	Cl.		209		21		1						
Mo.P	P.	17,849	18,000*	1,762	1,800*	1,600		4,117*	4,500*	1,838*	2,085*	250*	
	T.	1,184	1,200*			75							
Mont.	P.		1,188		68								
	Cl.		109		8								
Neb.	P.	4,645[q]	4,812	(q)	749			838[q]	1,144[q]				
	T.	196											
Nev.[r]	P.	2,547	3,286										
N.H.[s]	P.		1,376		218		80		170[s]		(s)		(s)

Table 8 (continued)

State		Number of Pupils, Teachers or Classes						State Reimbursement (in Thousands)					
		Educable		Trainable		Em. Disturbed		Educable		Trainable		Em. Disturbed	
		1967-68	1969-70	1967-68	1969-70	1967-68	1969-70	1967-68	1969-70	1967-68	1969-70	1967-68	1969-70
N.J.[t]	P.	15,929	16,460[t]	2,789	3,016[t]		1,198[t]	$ 8,174		$ 1,920		$ 650	
	Cl.	1,222	1,285[t]	298	326[t]	117[t]	195[t]						
N.M.[u]	P.	3,300	3,435					1,662	$ 1,823				
	Cl.	282	238										
N.Y.[v]	P.	34,800*	37,000*	5,700*	6,000*	15,420*	17,848*	(v)		(v)		(v)	
	Cl.	2,660*	2,760*	540*	590*	1,940*	2,231*						
N.D.[w]	P.	1,061	1,177	34	50	1,294	1,200	156[w]	185[w]				
Ohio	P.		38,746[x]				1,127[x]		(x)				
Ore.	P.	4,280			(y)	38		1,157			(y)	32	
	Cl.	309				6							
P.R.[z]	Cl.		215				15						
R.I.[aa]	P.	2,215	1,928		658	206	245		(aa)		(aa)		(aa)
	Cl.	204	170		61	22	26						
Tex.[ab]	P.		38,206		4,705		200		19,435		$ 2,673		$ 160
	Cl.		2,943		405		20						
W.Va.	P.	3,567	5,004[ac]	279	311[ac]	24	40[ac]	329[ac]	952[ac]				
	T.	254	353[ac]	23	28[ac]	2	4[ac]						
Wis.	P.		15,360		2,196		710	5,887[ad]	8,655[ad]	(ad)	(ad)	228	720
	Cl.		1,025		244		84						

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* - Estimate T. - Teachers
P. - Pupils Cl.- Classes

a) Colorado: Total cost in 1967-68, for educable, $2,838,939, for educationally handicapped, $ 843,006;
in 1969-70, estimate 3,940,096 1,520,478.

b) Colorado: Educationally handicapped.

c) Connecticut: Data for educable and trainable combined. Figures listed under 1969-70 are for 1968-69.

d) Connecticut: 160 instructional personnel provided instructional services to 10,772 emotionally disturbed, socially maladjusted and perceptually handicapped at a state expenditure of $350,000; psychological services were provided to 9,340 and social work services to 10,200 children at an expenditure of $890,000.

e) Delaware: All services combined involved a total of 290 teachers and a state expenditure of $4,185,248 ($722 per capita).

f) Florida: Data listed under 1969-70 are for 1968-69. That year, educable included 24 pre-school, 11,095 elementary, 7,404 secondary; trainable - 7; 1,508; and 757, respectively; emotionally disturbed - 1,664 elementary and 158 secondary. In Fall 1969, there were 6,223 educable, 355 trainable and 445 with social and emotional problems on waiting lists. In 1967-68, 1,421 of all classes in the program for exceptional children, which includes physically handicapped, etc., were financed from state funds; 357 from local funds; 151 from federal funds; in 1968-69, 1,976 from state funds; 233 from local funds; and 172 from federal funds. State funding was approximately $8,700 per unit in 1967-68; since then, $10,000, including $400 for capital outlay and $750 for equipment (in 1968-69 for old units; in 1969-70 for new units).

Table 8 (continued)

g) Georgia: Data are for 1968-69. Among 194 school systems, one or more classes for educable provided in 140; for trainable in 19; for emotionally disturbed in 10. Full-time directors of programs for exceptional children in 45 systems.

h) Guam: Data are for 1968-69. Educable include 322 in 24 elementary and 119 in 6 junior high school classes; trainable include 82 low educable. All services financed from $104,000 federal funds.

i) Idaho: Data are for 1968-69. Educable include 344 in 28 combined classes for educable and trainable. State reimbursement is total for all educable and trainable.

j) Illinois: Of pupils and classes listed under emotionally disturbed, 21,941 pupils and 1,614 classes are for socially maladjusted. State reimbursement is for all categories combined.

k) Iowa: Data listed under 1969-70 are for 1968-69. An additional 78 classes for mentally retarded were financed from Title I in 1967-68; 72 in 1968-69.

l) Kentucky: State reimbursement is for all categories combined. Average cost of classroom units $6,790 in 1967-68; $7,550 in 1968-69; $8,750 in 1969-70, including $6,150 for salary, $1,400 for current expenses, and $1,200 for capital outlay.

m) Louisiana: Data are for 1968-69. State reimbursement is for all categories combined.

n) Massachusetts: Of emotionally disturbed, 309 served by home instruction; 417 in special and integrated classes; 1,308 in private school classes; 25 at hospitals. State reimbursement is for all categories combined. Public school programs for mentally retarded and emotionally disturbed children are reimbursed at a rate of 50%; private school programs for emotionally disturbed, 100%.

o) Mississippi: Data are for 1968-69. State reimbursement is for all categories combined. Local expenditures approximately $262,000; federal - Title I and P.L.88-164 - $340,000. An additional 50 special education classes, mostly for mentally retarded, anticipated for 1969-70.

p) Missouri: Data listed under 1967-68 are for 1968-69. Data for 1969-70 are estimates, as are financial data. State aid is $3,500 per class.

q) Nebraska: Data for educable and trainable combined. Reimbursement is $400 per trainable, $300 per educable child; $4,500-6,000 per teacher, depending on qualifications; and testing expense.

r) Nevada: Data combined for all special education. 1969-70 figure is projected.

s) New Hampshire: Of educable, 1,134 in public, 242 in private classes; of trainable, 132 in public and 86 in private classes. State reimbursement is for all categories combined. $100,000 ESEA funds used for inservice training of teachers, pilot and work-study programs and curriculum modification.

t) New Jersey: Data listed under 1969-70 are for 1968-69. 1967-68 classes for emotionally disturbed include 17 for socially maladjusted; in 1968-69, 38 classes for 398 socially maladjusted. State reimburses 50% of cost of special classes; 75% of transportation cost.

Table 8 (continued)

u) New Mexico: Data combined for all categories; those listed under 1969-70 are for 1968-69. Included are 301 students in 79 private school classes in 1967-68 and 231 in 20 such classes in 1968-69 at a state expenditure of $23,477 and $76,711, respectively. $560,000 in 1967-68 and $403,000 in 1968-69 Title I and III funds and $87,340 and $121,857 Title VI funds, respectively, used for some 6,000 students.

v) New York: Data listed under 1969-70 are for 1968-69. Now same foundation aid for special classes as for regular classes - average about $600 per pupil; maximum $760.

w) North Dakota: Data for 1969-70 are projected. State reimbursement is for all categories combined. Federal funds, $25,000 in 1967-68; $50,000 in 1969-70; local expenditures estimated at $468,000 and $545,000, respectively.

x) Ohio: Data are for 1968-69. State expenditure for 1967-68 for 45,334 handicapped children (including other than mentally handicapped) in 4,347 classes and for speech therapy for 54,610 and psychological services for 60,000 was $39.5 million; another $2.4 million for individual services (home instruction, transportation, supplementary tutoring, etc.) for 10,149 pupils.

y) Oregon: By 1969 law, Mental Health Division may contract with local school districts or private agencies for classes for trainable, for diagnostic and evaluation services and counseling for parents and guardians. State reimburses excess of cost over per capita for regular classes. In 1969-70, 483 being taught by 40 teachers; estimate for 1970-71, 600 children and 60 teachers. 1969-71 appropriation is $554,062. In 1967-69, State spent $47,205 for one program for 22, augmented by a federally funded program for 18, at a center sponsored by a local mental retardation association.

z) Puerto Rico: Data combined for educable and trainable. In addition, Esperanza School at Rio Piedras Psychiatric Hospital provides special education in cooperation with the Education Department for mentally ill and some mentally retarded children.

aa) Rhode Island: Data listed under 1969-70 are for 1968-69. For 1967-68, data combined for educable and trainable. 1968-69 data include some pre-school classes and 5 sheltered occupational workshops for trainable adolescents operated by local chapters of the Association for Retarded Children. Minimum guaranteed state reimbursement for public school classes is 30% of approved expenditures; varied upward to 77% in 1968-69. Total state and local expenditures that year for educable $2,437,269; for trainable, $989,656; for emotionally disturbed, $451,167. Federal funds for the three categories amounted to $45,687, $5,583 and $85,030, respectively. Also, State allocates $1 million a year for all special education, which, in 1968-69, benefited 4,821 children, 2,831 of whom were mentally retarded and emotionally disturbed. These funds are used to hire additional teachers, purchase supplies and equipment and for vehicles for transportation, etc.

ab) Texas: Data are for 1968-69.

ac) West Virginia: Data are projected. State reimbursement is for all categories combined. In addition, approximately $1.1 million Title I funds in 1967-68 and 1968-69 and other federal funds amounting to $75,000 and $573,000, respectively. Financed training of 28 teachers in summer 1967; 113 in 1968; 48 in 1969; plus 120 summer extension.

Table 8 (continued)

OTHER COMMENTS

Connecticut: In an experimental approach in six school districts, children are assigned to regular classes with supportive services as needed. In September 1969, services to pre-school children whose educational potential will be irreparably damaged without special education at an early age, became mandatory.

Florida: In 1968, the Legislature provided a five-year program to make mandatory special education for all exceptional children by 1973.

Georgia: 1968 legislation makes mandatory, within seven years, special education for all areas of exceptionality. New programs authorized in 1969 for children with special learning disabilities and for gifted children.
In 1968-69, a $50,000 grant-in-aid program enabled 182 children to attend 14 private schools in Georgia and other States, providing tuition of $465. In 1969-70, $150,000 available for this program.

Illinois: 1969 legislation authorizes reimbursement for tuition for children in non-public school or special education facilities, within or outside the State, because of handicaps which are so severe that the public school system cannot provide services.

Indiana: 1969 legislation makes mandatory special classes for handicapped children aged 6 to 18, effective July 1, 1973. Also, the Superintendent of Public Instruction has been authorized to contract for, and local school boards to pay cost of, tuition to private schools, inside or outside the State, in educating handicapped children.

Iowa: Special education for all public school enrolled handicapped children, grades K through 12, has become mandatory, effective July 1, 1969.

Kentucky: Special education is mandatory for trainable, permissive for educable and emotionally disturbed; the first classes for the latter category were established in 1967-68.

Mississippi: Special education classes in public schools are permissive.

Missouri: All special education for mentally exceptional children is mandatory.

Montana: 1967 legislation authorized establishment of classes for mentally retarded pre-schoolers.
In the 1969 summer session, 22 teachers of mentally retarded were trained, financed from federal funds.

Nebraska: 1969 legislation requires all school districts to offer education and training to all trainable, ages 5 to 21; also requires vocational training programs for trainable, beginning in 1970.
1965 legislation created educational services units - law revised in 1969 - to provide local school districts with needed supplementary educational services which they cannot provide themselves in an efficient and economical manner; 16 such units established; governed by elected boards with representation from each county. One unit has received a federal grant to develop a sheltered

Table 8 (continued)

Nebraska: (cont.)	workshop for vocational evaluation and training of older (but under age 21) trainable. 1965 legislation, amended in 1967, authorizes establishment of residential schools for trainable; if privately established, must be licensed by Office of Child Welfare, Department of Public Welfare. Two such facilities are in operation, serving 30 and 120 students, respectively, one including day care. Average monthly board and room expenditure at one -- Nebraska School for Trainable Children -- in 1967, was approximately $50; if parents unable to pay, county assumes cost. A full-time consultant on emotionally disturbed has been added to Department of Education staff.
Nevada:	1969 legislation makes mandatory provision of special education for at least 2½% of the total average daily attendance of a school district; State provides $1,300 for each handicapped student. County school district provides special education teachers for some mentally retarded children and some adolescents in Nevada State Hospital.
New Hampshire:	Transfer of special education services within the Department of Education to the Division of Vocational Rehabilitation has made possible close cooperation between the latter, the special education unit and public schools and the development of four approved cooperative school programs. Estimated combined federal-state budget was $82,187; 75 client-students served the first year. Number expected to rise significantly with experience gained by existing staff and with expansion of staff.
New Mexico:	1967 legislation authorized local school boards to contract with nonprofit training centers for education for mentally or physically handicapped students. 1969 legislation made special education permissive for mentally retarded and emotionally disturbed, among other handicapped.
Pennsylvania:	In 1968-69, $44 million state allocation for special education of 155,000 children; an additional $40 million contributed from local sources.
Rhode Island:	In 1968-69, 96 emotionally disturbed children attended non-public residential schools as state beneficiaries, at a cost of $660,395 to the State.
Texas:	Under a recent comprehensive special education law, effective September 1970, special education for emotionally disturbed will become statewide. Tremendous expansion of all special education anticipated. Includes children ages 3 to 21.
West Virginia:	1969 legislation makes special education mandatory, by July 1974, among others, for mentally retarded and socially or emotionally maladjusted ages 6 to 21 (permissive starting at age 3). Teacher preparation requirements have been tightened; beginning teachers now must have at least six semester hours of special preparation for mentally retarded and must complete 18 additional semester hours in three years. Two specialists in mental retardation added to Division of Special Education staff on July 1, 1969.